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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### CHOREA AND ITS TREATMENT BY CIMICIFUGA RACEMOSA.

BY HIRAM CORSON, M. D.,

Of Conshohocken, Pa.

In the *Maryland Medical Journal* of April 24, 1886, there is an article on chorea by Spencer M. Free, M. D., of Baltimore, which came to me a few days ago, and which has induced me to offer your readers some remarks in reference to its treatment.

This excellent paper by Dr. Free, so replete with information in all that relates to the causes, symptoms, pathology, and treatment of the disease as known by authors of the present time, is well worthy of attentive perusal. But so greatly was I amazed not to find the *cimicifuga*—black snake-root—spoken of as a remedy, though he remarks, "without a careful search we have come upon thirty-nine forms of treatment," that I am impelled to offer him one more remedy, a remedy greatly to be preferred to the one of which he says, "The one remedy which is the main reliance of the great majority of practitioners is arsenic." Quite half a century ago there were three country physicians in Pennsylvania who attracted attention by their valuable contributions to the *Am. Journal of the Medical Sciences*, in relation to their treatment of diseases so frequently met with by physicians. They were Samuel Jackson, of Northumberland; Ezra Michener and Jesse Young, of Chester county. Their articles were eagerly looked for, and their advice and modes of treatment thankfully received. Many a young practitioner

was helped and cheered by their valuable counsel, their truthful reports of cases of illness, and the value of remedies as witnessed by them; and thus were enabled oftentimes to bring comfort and health to patients by means and appliances before unknown to them. At present I have only to speak of the last-named. Writers from the days of Cullen in the last century to the present time agree in their general history of the disease, their inability to refer it to any special cause or to discover by post-mortem examination characteristic pathological changes. They all speak, too, of the same remedies—of their utility in some cases, their utter inutility in others—of cases lasting for months and years, in defiance of the one remedy by all of them deemed the best, namely, arsenic.

Although I have used *cimicifuga racemosa* in every case which has come to me in more than fifty years, and always successfully in a brief time, I feel that justice would not be done the subject by giving my experience without preceding it by the experience of Dr. Jesse Young. It is a matter of regret that your space will not allow me to give his whole article, his thoughts and reflections on the subject, instead of merely giving briefly his cases.

The *Am. Journal of Medical Sciences* of February, 1832, on page 310, has "Observations on the Remedial Powers of the *Cimicifuga Racemosa* in the Treatment of Chorea," by Jesse Young, M. D., from which I take the following notice of four cases. He says:

"It is a very popular medicine both for man and beast. it is used in infusion or decoction chiefly as a pectoral medicine. . . .

Who first used it in chorea I have no means of learning.

"1. Four years ago a son of Joseph Fairlamb, aged 11 years, was attacked; one side was affected and was in almost constant motion, except when he was asleep. During more than four months his physician was using all his efforts to arrest it, but without the least benefit resulting. An *old woman* then told him that the black snake-root would cure it. She told him to give a teaspoonful (of the root) three successive mornings, then omit three, and so on, till he gave it nine times. He told me when he had given six portions the boy was almost well, and when he had taken his nine portions he was perfectly cured, and has so remained.

"2. In the month of March of the present year a daughter of Mr. Isaac Hall was attacked. His physician was called, and after treating it for a month without any good resulting, his physician agreed to his using the snake-root, of which he had heard, as used in the above case. After taking three portions, her symptoms were much improved; and after six doses she was entirely well; the other three were, however, given, and she remains well at this time. In this case it puked severely almost every time it was given.

"In Mr. Fairlamb's boy, it did not vomit, but several times, though not always, made him quite sick.

"I now determined to watch its effects and ascertain whether it would cure by its own intrinsic properties (not as an emetic) or whether these reported cures might not be mere coincidences, and, in reality, the consequences, perhaps, of former treatment.

"3. On the 12th of September I was requested to see Mrs. ———, aged nineteen years; married two months; believed *not to be pregnant*.

"The affection commenced two weeks ago, but so gradually that she was not aware of anything serious being the matter till within a day or two, she has got so bad as to be almost constantly in motion with the left side; it does not prevent sleep; health good; could detect no cause, save that her father had been once affected, when a boy; in his case, caused by fright, and was cured, or got well, in two or three years, after using much medicine without benefit; but believes it was the cold bath that cured him at last,

"I ordered an emetic of tart. ant. with a view to its impression rather than its evacuant effect, to be followed by calomel and jalap next day; and after this to purge every morning with cream tart. et jalap till I could

procure the snake-root. On the 20th, I took a quantity of it to her, but was startled when I found the affection had extended to the other side, and was tenfold aggravated; her arms, her legs, her head, face, tongue, and every muscular part of the system appeared to be in continual, irregular, alternate motion; she could only, with great difficulty, articulate so as to be at all intelligible; the power of deglutition was suspended to a very great extent; she could not walk one step, nor support herself erect without assistance, nor could she sleep, day or night, on account of the constant twitching and jerking of the muscles. Such was her condition when she began to take the snake-root—one teaspoonful of the powder three times a day, before eating—but if it sickened her when taken on an empty stomach, to take it after instead of before meals, in any pleasant vehicle, as molasses, preserves, &c. On the 25th, I visited her again and found a great change for the better—had walked the day before several hundred yards, could speak and swallow as well as ever she could, and could sleep well at night. Her arms were still somewhat affected. Ordered the medicine discontinued for two or three days, then used again as before.

"October 3 found her so well that a person who was not aware of her having the affection would not notice anything ailing her; a few more doses were used, once or twice a day, for a week, and she was well, and is so at this time."

His remarks are too long to copy here, but it never sickened if not taken on an empty stomach; did not at any time purge, sweat, or act as a diuretic, but "caused an uneasy feeling amounting to almost an ache through all her extremities every time she took it, which would continue from one to three hours; that *it alone cured* must be obvious to every one."

4. The fourth case spoken of by Dr. Young was told him by his friend, Dr. Gregg, who said: "I should have had a case to treat had it not been for the black snake-root." He had met a man in whose family he practiced who told him "his child had Saint Vitus' dance, and he had heard of Hall's daughter's case, and if the snake-root don't cure her I will call on you."

Dr. Gregg saw the man a short time after and learnt that the patient had been cured in a few days by the article.

There is much more in Dr. Young's article which would deeply interest your readers, but I must be content with merely adding his conclusion: "Neither *a priori* reasoning nor

professional erudition can ever direct us to the peculiar properties or effects of any of our vegetable productions; they can only become known from repeated trials and experiments. In this class exactly stands the *cimicifuga racemosa*, in chorea and probably in other nervous affections. Let it be fairly tried, and on these trials let its merits stand or fall."

The above was published fifty-four years ago last February, and yet to-day, in a paper published by a physician living in a city, a man conversant with medical literature, and earnest and diligent in his search for remedies useful in chorea, does not name it with his twenty-nine. Is this evidence that, tried on its merits, it has failed? Or is it not more probable that it has been but rarely tried, and that those who have tried it have failed to report, and thus it has not been brought to the notice of Dr. Free?

Be this as it may, I took Dr. Young at his word, gave it a trial of fifty years, and now report it almost if not quite a specific in chorea, and of great value in many other affections.

I ought to say here that Dr. Jesse Young was probably the first regular physician that ever used the black snake-root in chorea—at least the first who published an account of its use; for in a note by the editor appended to the communication, he says: "We are not aware of the remedial powers of the black snake-root having been noticed by any writer on the *materia medica*, but Dr. Physick informed us nearly ten years ago that he had known the plant, given in doses of ten grains every two hours, prove successful in the treatment of chorea in several instances."

Dr. Wm. Cullen, Professor of the Practice of Medicine in Edinburgh from 1776, for nearly twenty years, and whose "First Lines in the Practice of Medicine" was a text-book in the early part of this century in the University of Pennsylvania, does not speak of the *cimicifuga* as a remedy, but says: "Dr. Sydenham proposed to cure the chorea by alternate bleeding and purging. In some plethoric habits I have found some bleeding useful; but in many cases I have found repeated evacuations, especially by bleeding, very hurtful."

Dr. John Eberle, Professor of *Materia Medica* in Jefferson Medical College as early as 1828, and whose "Treatise on the Practice of Medicine," published in 1830, was then considered to be a most valuable work, names almost as many modes of treatment and different remedies as Dr. Free, and with as little confidence in any one of them. He wrote:

"In a young lady, seized with chorea in consequence of suppressed catamenia, I directed her to be bled  $\frac{3}{4}$ xi, and to take a pill of ext. colocynth 3 grs., calomel gr. iss, tart. ant.  $\frac{1}{6}$  gr. every night, and a small dose sulph. mag. every fourth day. In the course of two weeks she was bled four times, and the disease disappeared during the third week." Dr. Eberle did not name the snake root, had probably never heard of it, and I should probably have been led to resort to some one of the modes of practice spoken of by him, had it not been that the recommendation of the *cimicifuga* by Dr. Young met my eye. From that day to this I have relied on it alone, and in every case it has given speedy relief. I brought it to the notice of our County Medical Society, and some of the members can bear similar testimony to its control over the disease. This confirmation of Dr. Jesse Young's testimony might perhaps justify me in saying nothing more on the subject, but possibly the brief narration of a few of the many cases which have come under my care, will better satisfy your readers of the safety and value of the remedy that I offer them.

In June, 1836, Mrs. W., a young woman advanced to the middle of the third month of her first pregnancy, became ill with chorea, and I saw her on the first day of June. It was, I think, in 1834, that Dr. J. K. Mitchell called the attention of the profession to irritation of the spine as a cause of rheumatism and some other affections, and the good results of treatment derived from cups, leeches, and external irritation over the spinal column. Pustulation by tartar emetic ointment was very fashionable, and "disease of spine" was, like malaria now, a phrase used for nearly every departure from health. I find that from the first of June until the 16th, external irritation of the spine with tonics was mainly relied on in her treatment, and by this time she was confined to bed in a most pitiable and helpless condition. I then directed one teaspoonful tr. *cimicifuga* after each meal; her recovery was rapid, and I ceased attendance on the 12th, from which time she attended to her household duties, and passed through her confinement on December 15th, and had a good "getting up." I will now skip the cases of the next fourteen years.

Case 2. In 1850, a girl of eleven years, of rather unusual growth, was affected with chorea, and though living in Conshohocken, was taken to Newark, N. J., to the old family doctor. From the time of Dr. Hamilton until the time of which I write, the active

purgative practice he was zealous to promote, a practice to which I have already alluded, was everywhere resorted to by physicians to a greater or less degree, and the old family doctor put her under a full course of that treatment for three months, with a gradual reduction of health, and such an increase of the disease that when she was brought back by the mother, hopeless of cure, she was in a most pitiable state—I need not describe it, it paralleled Dr. Young's case. I was called on account of the mother being informed by a friend, whose child had been relieved of an attack by the snake root, advised by me. Her motions were almost incessant—even when asleep they were not wholly absent—speech and swallowing difficult, confined to bed, and with so idiotic an appearance that the mother, a woman of family pride, evidently dreaded her recovery, confident that her intellect would be impaired. I directed the infusion, made as before, from properly prepared roots. She began its use April 4, 1850. I ceased to attend her on the 30th, when she was walking out, but called again on the 4th of May and found her entirely well. Her health from this time was excellent. This case was the result, I think, of too close study at home, with no exercise such as children get when at school in the country, she not being allowed to attend the school to which the *workingmen's children* went. I will now skip the next twenty-five years, in which I had several cases, and speak of a few which have occurred since, or within the last ten years.

Case 3. On the 29th of April, 1875, I was asked to see a boy of about eleven years of age, who, though still going to school, had for a few weeks been affected with chorea, to a degree that caused children to laugh at him and sometimes mock him. He was able to eat quite well, and though his limbs were much affected and his face full of grimaces, had not been taken from the school. As the anxiety and efforts of the schoolroom are the prolific source of chorea in children, he was at once kept at home and put on the use of tinct. black snake-root (prepared by myself from good roots gathered at the proper time). My last visit to him, he being apparently well, was on the 15th of May, but the medicine was continued for two or three weeks longer, a dose or two daily. His recovery was complete.

Case 4. Allow me to report a case which I did not attend, but which was so like the one just reported in age and kinship and in its early symptoms, though so widely different in its course and in the long suffering

which he endured, and in his final recovery by the use of the *cimicifuga*, that I think the two cases should be placed near to each other, to show the utter inutility of the remedies used by his physician, and the prompt and efficient action of the snake-root, used even without the supervision of a doctor.

In the early part of 1874 a boy in his eleventh year had an attack of chorea which followed a light attack of rheumatism of the right knee, from which he had suffered a month or two before. The chorea began with twitching of the right side. Very soon a physician was called, and by the end of a fortnight, then the beginning of June, he was unable to talk, had great difficulty in swallowing, could not feed himself, and was soon unable to continue in bed, so a bed was made on the floor for him; but even then so greatly did he twitch and jerk that he oftentimes would roll out of it on to the floor. Remedies were tried in rapid succession during the coming winter and following spring without availing much, but yet he could swallow better, and could articulate so as to be understood. A small wagon was then built for him, in which he could lie at full length, and be dragged about by his friends or the neighbors' children. I need not go further into details; suffice it to say that for three years more he continued to be affected, but exercise in a carriage constructed to enclose his body, and with a rim on which he could rest his arms, and with rollers under it, which enabled him to move about his room, after some months invigorated him, he then being able to eat well, and he became able to walk out of doors. The cold bath was tried two weeks, then he was taken to Atlantic City during the bathing season, and was treated there in a regular hot-bath establishment. After that the electrical cure was tried, under the supervision of Dr. Playfair, of Philadelphia; but none of these things availed much. When at Atlantic City his appearance on the street when his parents were taking him a short distance to the hot-bathing establishment would immediately attract the attention of those who saw him, and lead to unpleasant remarks. I had several times seen him when he was being taken about in the small wagon, and was pained to witness his motions and contortions. Thus during more than four years he suffered on, though his physician had anxiously and faithfully plied his remedies one after another till his list of those of reputed value was exhausted. I can well believe this, for the father was a most intelligent man, with ample means; the mother



an anxious and loving woman, prepared to spare neither labor nor expense to bring health to her only son; but the skill of the physician had failed, the resources of specialists had proved useless, when in February, 1879, while he was in this pitiable condition she was informed by one of her friends who had heard of his case that I had several times used the snake-root tea with success. The father, knowing the plant, procured it. It was freely given, with marked advantage, and he was soon well. This very day, October 10, 1886, I have heard the history of the case from the lips of the parents; have heard this emphatic declaration of the mother: "I believe if he had had the snake-root tea in the beginning, he would have soon been well." He is now a strong, healthy young man. He and the boy of the preceding Case 3 are cousins. They began in a similar way; yet the one was treated by the infusion or decoction of the black snake-root at first, and was soon well; the other was given some of the twenty-nine remedies reported by Dr. Free; remedies, many of them—nearly all of them—in use before and at the beginning of this century, all of them often tried, sometimes with apparent success, but so often failing that authors were content to say, as matter of encouragement, "that in the failure of remedies to arrest it, it is devoid of danger, and may terminate spontaneously."

Coming still nearer to the present time, I will briefly notice three cases living within about two hundred yards of each other. I was invited, May 26th, by a young medical friend, to see with him a young girl with the following history: A school girl, who was 13 years old in June, 1885, and who passed naturally through her third menstrual period March 5th, was, during the next fortnight, to be examined for promotion, and of it she seemed to have much dread. She had but one more day to be questioned, the 26th of March, and when she rose in the morning she was morose, disregarded the directions of her mother, who became alarmed at the change in her behaviour, and on inquiring of her the cause of it, was told by her "that she felt bad and did not know what ailed her." A friend coming in detected the disease, and a physician was sent for. She went to bed; soon the choreic symptoms rapidly developed. She could not talk after that day, nor rise from her bed. What treatment was used is not known to me, but I do know that the medical treatment went on steadily under the almost daily supervision of the physician, the patient as steadily growing

worse, until May 24th, when he informed the mother that "there is no hope." When two days later I saw her, she was indeed in a most suffering condition. It seemed dangerous to put any fluid into her mouth, so great was the difficulty of swallowing. She could not speak a word, her left side seemed paralytic. She had had almost no food for days, and there was a large bed-sore on her back, over the lower lumbar vertebra (produced by the continuous movement of her body), and also a contracted condition of the muscles of one side of the neck, which gave evident suffering when she attempted to swallow. Her face was fatuous in expression to a great degree. We arranged to give fluid ext. *cimicifuga*, prepared by Dr. Baker, of Norristown, made from roots gathered in proper season, dried and preserved properly, one teaspoonful *after* every meal and one at bed-time, if she could bear so much. The mother says that she saw a change for the better on the first day. Three days after our first visit we saw her again together, and the improvement was quite perceptible. She improved rapidly, so rapidly indeed as to astonish and greatly please my young friend, who for only a week had had exclusive charge of her. On the 3d of June, only seven days after she began to use the snake-root, she began to talk—imperfectly at first, of course, for she had not made an effort to do it for more than two months; in about ten days more was sitting up, and even walking about the room, and on the 25th of June walked a few hundred yards to her aunt's moving. When we think of the deplorable condition in which we found her on May 26th, and know that on the 25th of June she was out walking, and could talk as well as before she was sick, for all of which I have this story from the mouth of her mother and herself, we ought to regard the *cimicifuga* as being a valuable remedy, inasmuch as no other medicine was used, unless it was something at bed-time.

Case 5. On Sept. 14th was called to see a tall, gangling youth of 19, who, on May 3d, was entirely well of an attack of rheumatism which had confined him to bed for nearly three weeks. He lived about 300 yards from the case just narrated. I found him sitting in an arm-chair, but with numerous jerkings, contortions and grimaces, and exhibiting a peculiar wilfulness quite unnatural to him, which caused his aged grandparents to fear harm from him. He was at once put on the use of the *cimicifuga*, the fluid extract. He improved daily, and on the 18th his father, in order to comfort the old people, came from

Philadelphia and took him with him (he walking to the Spring Mill R. R. station, a quarter of a mile away), promising, too, to give the medicine as directed. On the 24th, the patient returned to Spring Mill by the train, greatly improved; again, a week afterwards, made a visit to Spring Mill, coming up from Philadelphia alone—apparently well save some imperfection in talking. Since then I have not heard of him save that he had ceased to take the medicine—not a very safe omission, even though he felt himself to be well.

While in attendance on the above case, I saw in the road a boy of about 11 years of age afflicted with chorea, and was told that he lived within 300 yards of the home of the boy of 19 whom I was visiting. Rather unusual to find in one small, scattered village, three cases of chorea affected at the same time. This pale little fellow attracted my attention as well as my pity, and, on inquiring of one who knew him, I was told that he had been afflicted for nearly if not quite three years; that a physician had attended him for a long time without effecting much, and that he had been subjected to other means of cure, and recently had been under the electrical treatment in Philadelphia.

Case 6. Allow me to speak of yet another case. In the spring of 1886 I was written to by a family in Norristown to visit a sick child. The object in sending for me was not to give it medicine, but to get him to the institution at Media for the care of imbecile children. When I was told the child's history, and was informed that "it had fits almost daily—sometimes two or more in a day"—I told the parents it was useless to attempt to get him there, as children subject to fits were not received. They desired me to see him, and he was brought into the room, they having previously given me his history as follows: "He will be eleven years old next July, the twelfth of eighteen children"—the mother now only 44 years old—"until he was four he was a smart boy. One day one of the girls took him out walking, in the afternoon, and returned towards evening carrying him, and he crying and paralyzed on the left side, yet he could talk. At 7½ p. m. he had another stroke, and fits for twenty-four hours, since which time he has never talked. For more than two years he had fits; was confined to bed, and could not walk; but gradually he grew stronger, ate heartily, and at the end of his two years' illness in bed he began to get about the floor, and finally to walk, and would then sometimes be a week without a fit." The month before I saw him

he had three or four fits per week. When he came into the room to me he had hold of his mother's hand, and with his fingers thrust into a very large mouth, and it wide open, he jumped and capered along, jerking one leg, with the knee bent, as high as the thigh would allow it to come; he laughed, too, idiotically. The peculiar motion of one of his legs, his idiotic laugh, and capacious open mouth, impressed me with the idea that his case was possibly at first an acute severe chorea, that the fits were of the kind called "spells" by some persons, and not real epileptic fits. So greatly did this view of his case take hold of my mind, that I proposed to the mother to get a bottle of Dr. Baker's fluid ext. *cimicifuga racemosa*, and give him a teaspoonful after every meal; and also directed for him 20 grains bromide potassium every night at bedtime. The first week after he began to take the snake-root he had three fits; the next week two, after which he was three weeks with only one at the end of that time; and after that had none until the 22d of July, when he had one; then one in a week. Now, October 8th, he has not had any for four weeks. It was about April first when I first saw him, and the treatment was begun. According to this statement, he had during the month of April, after the medicine was begun, only six spells, or fits; then from about the first of May till July second—nearly two months—none; since then one about every week for three times, and since September 10th not one. But this is not all the improvement: his health is greatly better, he now walks quite well, with no jerking of his leg, tries to talk, knows what is said to him, when told to go sit down or to come to any one. Should he want a drink, will bring the empty cup for them to get it; if he needs food, will bring a knife. The bromide potassium was continued but a few days, for he soon began to sleep well, and when it was discontinued he slept as well as when using it. And here I ought to say that I have for many years used the *cimicifuga* for the purpose of enabling nervous people to sleep, and it has served them well. A member of our county society, who has often heard me speak of its value, when asked for his experience in relation to the effects of snake-root, gave me reports of its great value as a remedy in chorea, and also as a quieter of the disturbed nervous system, thus inducing sleep. At this time he has a lady who has had for several years a most painful and distressing affection, for the relief of which she for a long time took large doses of anodynes; but now whenever she becomes so nervous as to be

unable to sleep, a single half teaspoonful of Baker's fluid ext. cimicifuga will quiet the nervous restlessness and induce sleep. We have much talk about "nervous exhaustion," and the value of "strychnine and iron, and a little good whisky, as tonics to build up the system," and arsenic is the universal favorite in chorea; but I feel assured that all of them combined have not half the value of the infusion or fluid ext. of black snake-root, a plant that is accessible to every Pennsylvania doctor, as it grows on almost every wooded hillside in our State; and yet but few physicians are acquainted with it—cannot point it out, though it towers above nearly all the other plants of the forest.

Coming back from this digression to my poor Norristown boy, let me ask my readers if they do not see much similarity between this case and the one so suddenly taken, and so severely held until the time I saw it with my young friend; and might not this latter patient have gone on from year to year as the boy did, if not arrested by the cimicifuga? Again, might not the boy, who had been four or five years dosed with medicine and shocked by electricity, but was still strongly affected by chorea, have continued for years but for the control of his perturbed nervous system by this potent remedy, the snake-root, gathered by his father on the neighboring hill, and prepared for use by his mother? In every county in the State, I presume, it can be found; any mother can prepare and administer it; and were this done early in the cases of chorea which are found in every township in the land, physicians would not be mortified, and the inefficiency of our profession exhibited before the public by the appearance on our streets of young persons helpless in limbs and contorted in features by this disease of the nervous system.

#### THE RELATION OF CERTAIN FORMS OF DEFECTIVE VISION TO HEADACHE IN YOUTH.\*

BY CHARLES F. SINCLAIR, M. D.,  
Of Chicago, Ill.

He said that the headaches arising from defective vision are very numerous. They possess certain definite characteristics according to the degree and character of the ametropia. Thus, instead of the usual classification, the ophthalmologist might furnish

a terminology of his own based upon the condition of the eye. The pain in these cases increases as the errors of refraction become more complicated. A woman had suffered with intensely painful headaches for fifteen years who was found to have mixed astigmatism, and here properly adjusted lenses effected a cure.

It is in childhood and youth especially that these different forms of ametropia manifest themselves in headache. Dr. W. H. Day, of London, however, in his work on the "Nature and Causes of Headache," in which he devotes a lengthy chapter to the headache of childhood and youth, does not mention ametropia as a possible cause.

Nevertheless the eye, among school children, is frequently the cause of all the head trouble. Among American children one form of ametropia is exceedingly common and very disastrous in its effects. It is difficult to detect. It may in certain cases simulate different forms of ametropia, and even normal vision. He referred to a case in which occurs a slight degree of astigmatism under one dioptric.

Maud W., a school-girl, 14 years old, had suffered with severe headache. On examination excellent vision was found, but minus lenses improved it and made it normal. After the use of homatropin, however, half a dioptric of hyperopic astigmatism was found, which was corrected and the headache cured.

Emily R., 15 years old, had suffered with constant headache for a year. On examination .50 D manifest hypermetropia was found, and only this corrected, as patient would not submit to the use of atropia. This patient returned in a few days, saying that her headaches were as bad as ever, when homatropin was used and a small degree of hypermetropic astigmatism was found. This being corrected, a cure of the headache was effected.

In another case there were constantly recurring attacks of vertigo and dizziness, together with severe unilateral headache caused by astigmatism, and which properly adjusted cylindrical lenses cured.

These are types of an exceedingly large number of cases where headache can be cured by a weak cylindrical lens. These cases are interesting not only because of their marked consequence, but because of their tendency, in certain cases, to exactly simulate other conditions; and they certainly suggest the advisability, in every case of severe headache, to examine the eye only when under the influence of atropia.

\* Abstract of paper read before the Chicago Medical Society.

## MEDICAL SOCIETIES.

## NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, October 5, 1886. The President, C. L. Dana, M. D., in the chair.

**Case of Congenital Absence of the Faculty of Co-ordination.**

Dr. G. M. Hammond presented a boy four years of age, brought to his clinic on account of inability to walk. He was born at full term; labor was natural; he appeared to be perfectly healthy at birth. But shortly afterward he became sick, and continued more or less ill for six months. The attending physician diagnosed colic. Since recovery from this attack the patient had had no sickness. The special senses were normal; the patient understood as well as other children of his age. Perhaps he did not speak as plainly as he should, but two other children in the family, perfectly healthy, talked in the same manner. There was no history of syphilis. The patient was well formed; the muscles of the limbs were well developed for a child who did not walk; muscular reaction to both electric currents was normal; the reflexes were normal. The only apparent reason for his inability to walk was want of power to retain his equilibrium. He could crawl on his hands and knees perfectly well unless he attempted to go very fast, when he would fall, and he always fell toward the right. He could stand, holding to a chair, and walk pretty well if held upright. There was also incoördination in the upper extremities. He widened his base in standing. Dr. Hammond had not decided whether there was congenital absence of sensory tract in the cord or cerebellar disease.

Dr. Julius Rudisch had seen two similar cases, both in girls, one about eight years old and the other about thirteen. The first was seen some years ago, was under observation but a short time, and his recollection of the case was indistinct. But he was impressed with what he took to be muscular weakness; not simply ataxia, but weakness in the back. The child, if sustained, could walk well; if not sustained, it would fall, like the boy presented by Dr. Hammond. The older patient could walk, but in a peculiar ataxic way, and in the position of marked lordosis. The legs were well developed, and for that reason he thought the trouble was in the muscles of the back. The

cases were not, in his opinion, congenital locomotor ataxia.

Dr. N. E. Brill thought such cases were not uncommon, especially among idiots. The gait of the boy presented reminded him of the swaying motion of a cat sent Dr. Spitzka by Prof. Wilder. Other actions than walking were natural. Rumf reported a similar case, and found a rudimentary cerebellum. Dr. Spitzka removed the cerebellum of this cat and found it natural. Dr. Brill thought we had to distinguish in these cases between locomotor ataxia and static ataxia. Dr. Hammond's case appeared to be one of static ataxia due to rudimentary cerebellum.

The President had found in his case books one in which a provisional diagnosis of infantile ataxia was recorded. The girl, about two years old, was well nourished, large, could not coördinate the hands or feet. In addition, there were some forced movements; the head would suddenly plunge forward.

**Vesico-Genito-Post-Femoral Neuralgia and Neuritis.**

Dr. Landon Carter Gray read a paper in which he described two cases, seen during the year, of a peculiar variety of neuralgia and neuritis that had not, so far as he had been able to ascertain, been hitherto described. The first patient was a man, aged 40, good general health, but marked lithæmic temperament, subject every summer to quasi-malarial attacks. Hitherto his neuralgia had been gastric, or intestinal. He escaped his usual attack this year, until in July the temperature fell in one night 48° F., and on the second day following, when getting out of bed, the patient felt a sharp, tingling pain through the buttocks, perineum, scrotum, tip of penis, and down the back of both thighs to somewhat above the knee. Some slight smarting was felt in urination. Toward the afternoon the pain began to lessen, but became much worse again following a Turkish and Russian bath. The cutaneous pains became violent, urination scalding, the bladder became parietic, the urine had to be forced into the urethra. For four days the temperature was from 100 in the morning to 102 or 103 in the afternoon, the neuralgic symptoms still existing.

The second case was that of a female, aged 35, seen in consultation with Dr. Burge, September 6th. During the past two years the patient had had a good deal of sciatica; otherwise had had good health. In December last she was suddenly attacked with sharp pain in the buttocks, perineum, labia, and down the back part of the thighs to the



knee. There was simultaneous retention of urine, requiring the catheter. Several weeks later Dr. Burge saw the patient, and found tactile anaesthesia of the buttock, perineum, labia, and the back part of the thighs to just above the knee. Dr. Gray saw the patient nine months after the onset of the trouble. She then had vesical anaesthesia, and voided urine without her knowledge. Over the area just mentioned, except the labia, which he was not allowed to examine, he found impairment of the tactile, temperature, and pain senses, but slightly less marked near the knee than above. There had never been any motor impairment.

These cases had a clinical interest, because a knowledge that such a neuralgia might occur would make us chary about diagnosing a central affection, as we might well be inclined in the early stage, especially when there was vesical, motor, or sensory paralysis.

Dr. Rudisch asked whether an examination had been made for prostatitis, which caused symptoms in a degree like those described.

Dr. Gray said the area of distribution of the pain was not like that in prostatitis; besides, the second case occurred in a female.

Dr. W. H. Thomson referred to the case of a woman from the country, a locality said by her physician to be free from malaria. After a prolonged convalescence from an attack of pleurisy, she began to suffer severe pain in the anterior part of the left thigh, and from slight trouble with the bladder, the pains coming on certain days of the week, lasting one day and two nights. This continued five months, when she was free until the following fall. The medicine prescribed by Dr. Thomson had not prevented a return of the singular symptoms again the present fall. There was no indication of sciatica.

#### Discussion on the Uses of Hyoscyamine.

The President stated that there were two preparations of the drug, the crystalline and the amorphous. The former seemed to be similar in property to the opiates, while the latter seemed to have neurotic properties. He had heard that hyoscyamine was employed in the asylums for the insane in New York, but not very successfully, whereas in the asylums of Pennsylvania its success had been marked. He had employed hyoscyamine in paralysis agitans, in chorea, and in a few cases as a hypnotic, and it had been employed as a hypnotic to a considerable extent in his service at Bellevue Hospital.

The number of cases of chorea in which he had used it was six; in three it was noted to have been of benefit, or caused very rapid or very marked improvement. One of the cases was marked, and had not yielded to other treatment. In three cases the results were very doubtful. He had employed it in four cases of paralysis agitans; in two he thought with unquestionable benefit, in two it seemed to produce no benefit. On the whole he thought that unless given at rather an early stage of paralysis agitans it did no good. The form employed in chorea and paralysis agitans was the crystalline, but he was not sure that the amorphous form would not be the better preparation in such cases. He thought we could get along perhaps as well without as with hyoscyamine.

Dr. B. Sachs' experience with hyoscyamine had not been very extensive, but he had employed it in a few cases of paralysis agitans, acute mania, and the insomnia accompanying the neurasthenic condition. He had employed only the crystalline form. In contradistinction to what the President had said, that it was best to give it in the early stage of paralysis agitans, he remembered one case in which every other therapeutic agent had been tried without success, when hyoscyamine was administered in about one-hundredth of a grain doses twice a day, with the effect of making the patient very much more comfortable, and of diminishing somewhat the annoying movements of the hand. In another chronic case it had been of no benefit. He had obtained no effect from the drug administered to allay the excitement of acute mania. It had also been disappointing in insomnia accompanying neurasthenia; it seemed to be of more value against insomnia from mental restlessness.

Dr. W. M. Leszynsky said that about eight years ago it was quite fashionable to use hyoscyamine in asylum practice, and he had employed it in chronic mania, acute mania, and epileptic forms of insanity. First he used the amorphous, and later sulphate of hyoscyamine. It was claimed that the latter form was easier absorbed, and produced its effects in smaller doses. The sulphate was also preferred for hypodermic use, in which manner he had employed it in one-sixtieth of a grain doses. To patients with recurring attacks of maniacal symptoms, the drug was given a few days before an expected attack and continued until the attack was aborted.

In a state of exhaustion he would regard hyoscyamine as a dangerous drug to administer, but where there was no objection to its use on that ground he had known it to pro-

duce sleep where chloral and morphine had failed. Given to patients subject to epileptiform convulsions before menstruation, it seemed to avert the attack. He had given it in small doses in two or three cases of chorea, and thought it produced some benefit.

Dr. L. C. Gray had been using hyoscyamine ever since it had been introduced to the profession, and he must say that for certain purposes there was no drug in the pharmacopœia that he could not better afford to dispense with. The most convenient form is in tablets, one one-hundredths of a grain. In some people hyoscyamine would produce seemingly serious retention of urine. It might also produce disastrous results if given to persons whose general strength was below par. In an old gentleman, with atheromatous arteries, hypertrophied and feeble heart, one one-hundredth of a grain of hyoscyamine caused a condition of collapse. He knew of one patient suffering from melancholia who was sent to Greenwood by hyoscyamine. He had given it in two cases of chorea, one being an exceedingly violent case, the child finally dying in a convulsion. To that patient he could never give a second dose of hyoscyamine, because of the alarming prostration which a first dose would cause. In another case in which the child had to be held in bed, the drug proved an effective means of restraint, but the child was always found prostrated to a marked degree the next day. In paralysis agitans it had been very useful, and came to be with him a routine treatment. He thought the reason why it had been of more benefit in his practice was that he combined with it some stimulant or tonic to prevent its depressing effect. He gave with it good food, one or two grains of quinine a day, sometimes alcoholic stimulants. He had satisfied himself that it was the hyoscyamine in this treatment which had a restraining effect upon the movements in paralysis agitans.

But it was especially in cases of mental trouble where hyoscyamine was of great benefit. In insanity with hallucinatory symptoms, especially in the early stage before the patient could be taken to an asylum, hyoscyamine would do much toward restraining the patient, and it would seem, aided in cutting short the disease. He was very careful to give no more of the drug than was absolutely necessary, and he combined it with bromide of potassium, which increased its effect. He had never seen hypnotic effects from hyoscyamine.

Dr. W. H. Thomson said that his experience with hyoscyamine almost from the be-

ginning rather prejudiced him against it. One of the first cases in which he employed it was that of a judge troubled with insomnia. The next day he was unable to hold court, had bladder symptoms, etc. He found it useful in asthma with considerable dilatation of the right side of the heart, without bronchitis, but a congested state of the lungs. He had employed it in facial neuralgia, headaches, and various neurasthenic conditions, but had nothing definite to say about its effects. One patient with paralysis agitans was benefited by it, among many with whom it was a failure.

Dr. Kellogg had used hyoscyamine in cases of mental excitement, but it had not proven the sedative he had supposed it would. But it controlled muscular excitement. He had failed to get any hypnotic effect from it. He had not been favorably impressed with its after-effect in acute mania.

Dr. H. S. Hinkley had found it serviceable in allaying maniacal excitement. Dr. Waitzfelde, of the Pennsylvania Hospital for the Insane, had used hyoscyamide of bromine, and spoke very highly of it.

Dr. Richards had given five to seven drops of a one per cent. solution in several cases of insomnia, without effect.

#### PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, September 24, 1886.

Dr. Henry Hartshorne in the chair.

Dr. Edward E. Montgomery exhibited a set of O'Dwyer's tubes for

#### Intubation of the Larynx,

with a description of the method commonly employed for their use. He had used the tubes in two cases, both being successful. In each child the relief of the dyspnoea was as great, and as instantaneous as after the performance of tracheotomy. The first child, æt. 6 years, had suffered for 24 hours from difficult respiration due to laryngeal diphtheria, and when seen was covered with perspiration due to the efforts to respire; the skin was cyanosed, and the sub-sternal region deeply depressed with each inspiration. The condition was such as the speaker usually regarded required tracheotomy, but the surroundings of the patient were not such as would render the result of that operation hopeful. Aided by Dr. West, the attending physician, one of O'Dwyer's tubes was inserted after a number of attempts, with immediate and profound relief. Considerable difficulty was experienced in feeding and in

the administration of medicine, owing largely, however, he believes, to the want of tact on the part of the attendants. After the administration of some stimulants in the afternoon, the tube was coughed up; the breathing again soon became exceedingly difficult, so that it became necessary a few hours later to re-insert the tube; it then remained two days, when it was again coughed up. Subsequent to this the convalescence was rapid and undisturbed.

A second case *æt.* 3 years, seen in consultation with Dr. A. F. Chase, was in a more critical condition than the former. Here too the surroundings were very unpromising for tracheotomy. The tube was introduced without difficulty, its introduction being followed by great relief. No difficulty was experienced in feeding or in the administration of medicine; the tube remained in place four days, when it was coughed up. It was not necessary to re-insert it, the subsequent convalescence being unimpeded.

The results in these two cases with their unfavorable surroundings led Dr. Montgomery to have great confidence in the possibilities of this plan of treatment.

Dr. West gave a brief history of the case and its treatment before the introduction of the tube. He was called to see the child August 16. Found her with temperature  $103^{\circ}$  and great difficulty in respiration. He ordered *potass. chlor.* and *tinct. ferri chlor.* The next morning, as respiration was still more difficult, Dr. Montgomery saw the case and introduced the tube. Respiration became easy at once, and the child soon fell asleep. The same medicinal treatment was continued, with the addition of *hydrarg. bichlor.* The difficulty in the administration of food or medicine was its liability to excite a fit of coughing; and it was during one of these attacks that the tube was expelled. After the introduction of the tube there was the same difficulty; but by watching the child, and not allowing her to become excited, there was less trouble.

Dr. Mary E. Allen asked what prevented the tube from passing down into the trachea.

Dr. Amy S. Barton asked which operation was more readily performed—intubation of the larynx or tracheotomy?

Dr. Henry Hartshorne said that he thought many years ago intubation of the larynx should be used in preference to tracheotomy. A great advantage is that we can gain the consent of the parents and friends to this operation long before they will consent to tracheotomy.

Dr. McCollom said that five years ago he

attempted to introduce a soft catheter into the trachea, but was not successful. He has used large doses of calomel in the treatment of diphtheria; in one case grs. x every hour until  $\frac{3}{ss}$  had been taken. The temperature was reduced from  $104^{\circ}$  to  $99^{\circ}$  in twenty-four hours, and the patient was better in every way. He has also used the red iodide of mercury with excellent results.

Dr. L. Brewer Hall said that according to his observation patients were more liable to die from exhaustion, when suffering from croup or diphtheria.

Dr. Montgomery, in closing, said: "The reason patients, suffering from diphtheria and croup, are so apt to die from exhaustion, is on account of the degeneration of the blood from lack of oxygen."

"As Dr. Hartshorne remarks, one great advantage of intubation of the larynx over tracheotomy is the fact of gaining the parents' consent at an earlier date. The cause of so great a mortality after tracheotomy is that it is generally performed too late, and the blood has undergone these degenerative changes from want of oxygen. The patient will often seem to revive for a few hours or days, but generally succumbs finally."

The speaker said that in the first case he was at work nearly half an hour before he succeeded in introducing the tube, but in the second case he introduced it in about five minutes.

There is quite a shoulder on the tube, which rests on the larynx, and so prevents it from slipping too far. There is a bulging at the middle of the tube which prevents it from being coughed up, though when the membrane loosens the tube has more room, and is then readily expelled during an attack of coughing.

The difficulty in the administration of food may be obviated in children who are not nursing, by giving semi-solid food. In nursing children the milk is apt to flow into the tube, thence into the trachea. A nursing bottle has been invented with a long tube, which passes back into the *oesophagus*; there is a bulb attached, and by pressure on this the milk is forced into the stomach.

Dr. Edward K. Stone then gave verbal reports of two cases, as follows:

Case 1. Uterine *bro-cystoma* mistaken for inversion. The patient, a married woman, *æt.* 30 years, sought relief from frequent, almost constant *metrorrhagia*. The hemorrhage had continued ever since the birth of her only child, thirteen months before. Labor was comparatively easy, and was superintended by a midwife. The patient was

rather stout, but extremely pale and bloodless. Examination revealed a smooth, rounded, elastic mass in the vagina, and connected with the interior of the uterus by a pedicle about the thickness of a man's finger. The tumor was about three inches in its longest (lateral) diameter. The cervix uteri admitted the finger for a short distance, and this could be plainly felt through the abdominal walls, the body of the uterus appearing to be absent. There was a distinct depression in the uterus above the cervix. The sound was *not thoroughly* used at the time, so the depth of the uterus was not ascertained. Some efforts were made to reduce the *supposed* inverted uterus, when the body was found retroflexed and bound down by adhesions. The tumor was attached just within the os interium, and its weight had slightly inverted the uterine wall. The mass was readily removed without accident with the *ecraseur*.

Case 2. Patient aged thirty-five years; married; has had two natural deliveries at term, and several abortions, produced by the passage of instruments. Has had men-

orrhagia and metrorrhagia for two years. The cervix was dilated, and examination revealed a tumor about the size of a small hen's egg, sessile and attached to the right and posterior wall of the uterine cavity. An operation for its removal was attempted, but was abandoned, as the mass involved the uterine tissue so deeply. The mucous membrane was freely dissected from the surface, and the tumor enucleated as far as possible. Ergot was afterwards administered, and the tumor was forced out beyond the cervix.

Severe septicæmia, due to sloughing of the mucous membrane, ensued, which prevented further operation; and the mass, which had formed a new attachment to the interior of the cervix, gradually increased in size until a mere thickening of the cervix on the right side is all that remains of the disease.

Hemorrhage has not recurred, the periods being normal in time and quantity, and the uterus of normal size.

MARY WILLITS, M. D.,  
*Reporting Secretary.*

1527 Green St.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Ovariectomy for Dermoid Tumor in a Child Thirty Months Old.

Dr. J. F. Hooks thus writes in the *American Journal of Obstetrics*:

Ada Hurst, female, aged thirty months, was brought to this place from Delta county by her parents, June 25, 1886. Two physicians of Delta county had been treating the case as one of ascites for several months. Dr. E. W. Rush and the writer were requested to examine the case, with the view of making a diagnosis.

In company with Dr. Bramlette, of this place, we made a careful examination under anæsthesia, which resulted in a concurrence of opinion as to the existence of an abdominal tumor, and we were inclined to believe it ovarian, notwithstanding the age of the child.

The child was fairly developed for her age, and had always enjoyed good health. The

abdomen was enormously enlarged, measuring twenty-nine inches in circumference at the umbilicus; above the umbilicus, as high as the ensiform cartilage, it was much larger.

The result of our conference as to the character of the tumor, the necessity of operative interference to save the life of the child, together with the dangers attending so formidable an operation upon a child of her age, were fully laid before the parents, who were advised to confer with their physicians, and determine for themselves what course they would pursue in the matter.

The child was taken home, but on the 2d of July they returned, the parents having become fully convinced that the child would live but a short while unless some relief could be rendered. They had, therefore, fully made up their minds to have an operation performed. On the morning of the 3d of July—Dr. Fort having been requested to see the case with us—the patient was again chloroformed, and a second thorough examination made, with the view of removing



any doubts, should they exist, from the minds of the consulting physicians as to the nature of the tumor or the propriety of an immediate operation for its removal. The result of this second and more thorough examination was confirmatory of the diagnosis previously made, namely, that the tumor was ovarian, and had its origin in the left ovary. Treatment was instituted to put the child in the best possible condition to undergo the operation, which it was decided should be undertaken on the morning of July 6.

I would state just here that the parents of this child first observed a slight enlargement of the abdomen about twelve months ago, but for the last six months the increase of growth had been very rapid. Even the few days which intervened between the first and last examinations showed a perceptible increase in the distention, and a corresponding increase in difficulty of breathing. That the child could survive but a short time in its present condition was apparent to all who saw it.

On the morning of July 6, the patient being anesthetized by Dr. Bedford, the writer, assisted by Drs. Rush, Bramlette, Fort, and other medical men of this city, under every antiseptic precaution, proceeded to make an abdominal incision extending from just below the umbilicus to near the symphysis pubis, an incision some three or three and a half inches in length. This incision was made short, for exploration, and with the intention of evacuating the sac, and drawing it through the incision in the event it proved to be a unilocular cyst. Immediately upon opening the peritoneal cavity, quite a large pellucid sac with extremely thin walls rushed out and ruptured. This sac or cyst sprang from the larger tumor on its lower anterior surface, above the pedicle. The main tumor was large, firm, and resisting, and completely adherent all over its anterior surface. I endeavored to evacuate the main tumor with trocar, but failed, as its contents were too dense, viscid, and semi-solid to pass out through the instrument. I incised the tumor and endeavored to break it up, but failed. The incision was then enlarged, and the adhesions to the parietal walls and omentum were broken down with the hand; the entire lower part of the tumor, that is extending far down on each side from its anterior surface, was firmly adherent to the omentum. It was not until the incision had been extended to near the insertion of the diaphragm that the adhesions could all be broken up and the tumor extracted. When lifted from its bed, it was found to spring from the left

ovary by a short, thick pedicle, which was at once transixed with a needle, armed with stout iron-dyed silk ligature, doubled: ligature was then cut and tied both ways, pedicle cut, and tumor removed.

There was no hemorrhage from stump of pedicle, which was mummified with a weak solution of persulph. iron, and returned to abdominal cavity; the ligatures attached to the same being brought out at the lower end of the abdominal incision.

There was considerable blood oozing from the adherent surfaces, and several catgut ligatures had to be applied to bleeding vessels in the omentum, all of which created considerable delay in closing the wound.

In closing the abdominal wound, the peritoneal edges were first brought together by non-interrupted catgut suture, silk being used for closing. The external wound was supported by one or more deep-seated wire sutures entering near peritoneal edge and coming out some half inch from the margin of abdominal incision. A drainage tube was placed at the lowest angle of the wound, which was dressed strictly antiseptically. The little patient reacted promptly from the effects of the anæsthetic, and seemed bright and cheerful. A hypodermic injection of morphia was given, and the patient rested well for some two hours or more. In a short time after the child was aroused from sleep or the quietude produced by the morphia, she became restless, and the temperature soon ran up to 102°. Thirst, which was great, was allayed by pellets of ice.

At 7 p. m.,  $\frac{1}{4}$  gr. of morphia was given hypodermically, which produced quietude for a few hours. She still suffered greatly from thirst; temperature continued to rise, until from 12 to 1 o'clock it registered 105°. From 1 to 7 a. m. on the 7th there was a slight lowering of temperature, no diminution, however, in the excessive thirst, and great restlessness. At 10 o'clock on the morning of the 7th, the temperature having again gone to 105°, I raised the dressing to see that all was right with the wound. There had been but little drainage from the tube, and everything was sweet and clean. I injected a few ounces of weak solution of carbolic acid and muriate of soda through the drainage tube, which returned with only a slight stain of bloody serum in the first few drachms. There was no unpleasant odor of the wound or of the returned fluid.

The little patient, however, grew more restless, became unconscious, and death closed the scene at about 2 p. m. the day after the

operation, the patient having survived the operation about twenty-four hours.

The tumor, after removing all we could through the canula, the trocar having been plunged into every cyst which it was thought would drain, with the view of reducing the bulk of the tumor as much as possible, weighed nine and a half pounds, and was composed of numerous cysts filled with a jelly-like fluid, some cheesy; much of the tumor was comparatively solid, being filled with a white, thick, cheesy matter, interspersed all through with hair and bony deposits.

I attribute the fatal termination of the case to the extensive adhesions formed, and the magnitude of the operation in a child of such tender years.

#### A Case of Chronic Cirrhotic Kidney.

Dr. H. McHatton thus writes in the *Atlanta Med. and Surg. Jour.* for October:

Last night, at 9 o'clock, I was called to see Mr. C., American, aged 40, of good family and personal history. I found him suffering from nausea—he had been vomiting more or less all day. Pulse 70, hard and full, temperature normal. Left ventricle slightly enlarged, muscular element of first sound decidedly accentuated. Some dizziness. Said he often had specks before his eyes, and that after being on his feet all day they were slightly swollen. Kidneys acting well. Had noticed nothing unusual about his urine. These attacks came on about once a month, and he has a feeling of general malaise between times. He has seen three physicians; two of them examined his urine and said there was nothing the matter with it. All gave him our favorite diagnosis, which is even more fashionable than our Northern brother's malaria, namely biliousness. I gave him a mixture of bismuth and spt. ammon. aromat. to quiet his stomach, and took a specimen of urine for analysis, which gave the following result: Color, pale and clear; sediment, very slight; odor, normal; reaction, neutral; specific gravity, 1012; heat and nitric acid test, negative; Heller's test gave a very faint, cloudy line; hyaline and granular casts, both large and small, abundant.

From this examination and the history, I made a diagnosis of chronic cirrhotic kidney. On my visit, at 11 a. m. to-day, I found him in uræmic coma, from which he could be aroused with difficulty, and when aroused was incoherent. He had fallen out of bed during the morning, injuring his face and

head, besides biting his tongue badly, of which fact he was not conscious. I gave him the following prescription:

R. Hyd. chlo. mit.	
Soda bicarb.,	aa grs. x.
Chart No. 1.	
S.—One dose.	
R. Kali acet.,	3 ss.
Inf. digital.,	3 iii.
M. Sig.—Teaspoonful every two hours.	

On my visit at seven to-night I found him in perfect possession of his faculties, bowels and kidneys acting freely; in fact, he is as well as usual, and barring intercurrent affections, will continue so until he gets another accumulation of uræa.

This case is a true type of the most insidious and probably the most frequent of all the kidney diseases that we group for convenience under the name of chronic Bright's. It is far more common than we suppose, this being the third of the kind that I have seen lately. It is in this class of cases that we get the sudden and often fatal manifestations of uræmia with little or no premonition. They do not give the train of symptoms that we are in the habit of associating with Bright's.

The urine in gross appearance is usually normal; the quantity is often in excess, but the specific gravity is usually low. Albumen is rarely abundant, and often entirely absent. Dropsies are as a rule absent, and if present are not of much importance. In fact, there is rarely any symptom that will invite our attention to the kidneys if we are not especially on our guard.

Our patient usually presents himself complaining of a general sense of malaise, or with one of the complications of his disease. A general sense of failing health, with hypertrophy of the left ventricle without valvular lesions, and urine of low specific gravity, in a patient of middle age, should always induce us to make careful and repeated examinations of the urine.

In regard to the treatment of these cases, the damage to the organ is done and we cannot reproduce the destroyed part; but even if the secreting substance is destroyed to the extent of the bulk of one kidney, the condition is not incompatible with life, or even a fair state of health; by judicious management we can often guide these cases through years of usefulness.

There is of course no special medication for the disease proper, and our dependence is on hygiene and tonics, of which, in view of the existing state of anemia, iron should be the principal. If our patient can be induced to use it, it is best to furnish him with

a urinometer, and get him to take the specific gravity and quantity of his urine every few days. By taking these two factors (either one being of absolutely no value alone), a glance at the table in most of the works on urinary analysis will show us if he is passing sufficient urea; as long as he is doing so, let your diuretics severely alone, as they are at that time not only useless, but even contraindicated—for by stimulating the kidneys when there is no call for it, we will be less liable to get a response to our medication when it is of vital importance. The same line of treatment holds good in respect to the heart; so long as the hypertrophy has not reached its limit, it is bad judgment to use cardiac stimulants (excepting in cases of urgent necessity during an accumulation of urea), for eventually, should the patient live, this condition of hypertrophy will be followed by dilatation, and then we will have urgent need of our cardiac stimulants.

#### Our Therapeutical Inheritance.

Dr. Frank W. Vance, of Memphis, Tenn., thus writes in the *Weekly Med. Review*:

We are prone to look to antiquity for wisdom, and to regard the crude ideas of our predecessors as embodiments of truth gathered by ages of experience. The ages have bequeathed to us their truths of experience, and also their dogmas of false theory and undeveloped knowledge, which bearing the stamp of authority have commanded respect wholly unentitled to. False ideas have brought forth dogma, while dogma has moulded practice to fit its forms; and erroneous practice is bequeathed to us, a seeming product of human experience that is above question.

It is only at a late day that anatomy and physiology, with dissections and vivisections, have brought to light the mysterious architecture and function of the human body. Antiquity forbade dissection, consequently physiology was impossible, and in place of our modern science, a nescience was established, based on vague metaphysical principles and formulæ, that was carried into the domain of pathology. A false physiology and pathology could not but originate a false therapeutic system, but strange to say, although we have abandoned the literal interpretation of the nomenclature of the fathers of medicine, the great majority have not given up their therapeutics. When philosophy sounded the death-knell to the paganism of the Greco-Roman world, there were yet many who clung to the superstitions of their fathers. Literal paganism was an impossibility, but by amalgamation

with the science of the age, a philosophic paganism was developed, the literal expression of which symbolized truths approached to by preceding antiquity, but left for the succeeding age to elaborate into scientific perfection.

Even so have the medical superstitions of our predecessors been looked upon as inklings into physiological and pathological truths, and associated with modern physiological, pathological and therapeutical endeavor.

If the fathers of medicine had stopped after elaboration of their false physiology and pathology, all would have been well; but they undertook to build thereon a false therapeutical system that has been the bane, and still is, even at this date, of suffering humanity. The power of modern physiological investigation has broken down the nescience of the past, but where is the power that can destroy the modes of therapeutical procedure based on demolished theories? For these modes are the inheritance of the past, and slovenliness of judgment, on which authority has set its seal—except in the case of a physiological fact brought direct before the mind contradicting a former theory—is by no means an easy matter to overcome. And then there is deliberate falsification of clinical facts by many, whose respect and reverence for authority antagonizes any independence that they ought to and should possess. Excepting bleeding, that is to a great extent abandoned, purgation, vomiting and counter-irritation are still persisted in, although correct clinical report has failed to show that either has ever resulted in anything but real harm. I allude to purgation and vomiting in the sense of means to treat disease, based on ancient theories of morbid humors and revulsion and fluxion, and not as any endeavor to get rid of a poison intentionally or accidentally received into the system. In regard to counter-irritation, it was practiced long before anatomy, physiology and pathology were dreamed of, and the same method of procedure was brought about, not by experimental good, but as the natural offshoot of metaphysical theories of disease. To follow out the evolution of medical dogma from the earliest times is foreign to my purpose, but by consultation of the oldest authorities down to John Hunter, and even to the orthodox therapeutics of the present day, we can witness the development of erroneous ideas and assertative dogmatism, whose only claim is that the judgment of preceding authority is superior to ever-advancing scientific achievement, that completely demolishes one by one the ideas of our boasted inheritance of the past.

### Case of Spina Bifida Successfully Treated by Operation.

Dr. John Kellock Barton thus writes in the *Lancet*:

Inasmuch as the treatment of spina bifida is still unsettled, any case in which a successful operation has been performed is worthy of record. So, very briefly, I will state the particulars of the following case which has been lately under my care in the Adelaide Hospital:

On July 9th, Susan H., an infant two weeks old, was brought to the hospital by her mother, who had been attended in her confinement by Mr. Hamilton, a pupil of the Adelaide. He had noticed at the time of birth a tumor in the lumbar region, about the size of a small walnut, of a dark purple-red color. This tumor steadily increased in size, and at the time I made my first examination was the size of a small egg, or might more accurately be likened to the half of a small orange, the convex part projecting, the flat or cut surface of the orange attached to the lumbar spine. The surface of this tumor was occupied by a greyish sloughy ulceration, while the sides were of a deep purplish-red color. Fluctuation was very obscure, but pressure certainly diminished the bulk of the tumor, which regained its original size quickly when the pressure was removed. The nature of the tumor, so far as that it was a spina bifida, was pretty clear; but to make this more certain I thrust a fine hypodermic needle into it, and drew out a few drops of a perfectly colorless serum. The question of its being a spina bifida was now established, but the further and more difficult one of whether the spinal cord formed any portion of its contents, remained doubtful. The fact that no paralysis existed, either of the sphincters or lower limbs, induced me to believe that this was a meningocele, and not a myelocele; but the facts of its low position and of its purple and ulcerated surface are held by authors as leading to an opposite conclusion; and the result proves that the freedom from paralysis is of more diagnostic value in deciding this important point than is either the situation or the character of the tumor.

Next day, I performed the following operation, the infant being under the influence of chloroform: I cut an elliptic piece out of the centre of the tumor, thus removing all the sloughy central portion; the wall was thick, internally smooth and white, and with numerous small nerves passing into the portion removed, which were, of course, cut across. Very little time was lost in stop-

ping all bleeding, which was insignificant, and then drawing together the thick purple flaps left on either side by a double row of sutures. Careful antiseptic precautions were observed, and the dressing consisted, first of all, of a dusting with iodoform, then a covering of corrosive gauze (1 in 400), secured well at its edges and round the body with an antiseptic gauze bandage. There was no elevation of temperature, and union was complete and firm in a week. No signs of any disturbance of the nervous system followed.

In ten days the infant was discharged cured. I questioned the mother as to any loss of power in the limbs, of which the child has free use. The situation of the tumor is now occupied by a puckered purple oblong swelling, about one-sixth of the size of the tumor which I operated upon, and I have no doubt further contraction will go steadily on for some time.

P. S.—Since this report was written, I have received information of the death of the child in a fit of convulsions. No doubt the union of the operation-wound was complete, but the convulsive attack came on too soon after the operation for us to dissociate the one from the other.

### Herpes Preputialis.

Dr. James C. Pearson thus writes in the *Indiana Med. Jour.*:

Mr. B., aged 58 years, contracted gonorrhœa, which appeared on the sixth day of exposure. He had a copious discharge of thick, puriform matter from the urethra, with its usual attendants—ardor urinæ, painful erections, chordee, and prepuce contracted back of the corona glandis. On examination I found the mucous surface thickly set with minute vesicles behind the corona glandis, forming a complete cincture around it. He stated that he had treatment for his urethritis and thought he was well, and now he presents a case of blennorrhœa chronica of Dr. Good. The inguinal glands of both the right and left sides were enlarged. I was at a loss to decide whether his was a case of follicular chancre or syphilitic ulceration of the prepuce; but as the vesicular eruption in its appearance was simultaneous with the urethritis, I was willing to decide that follicular chancres and syphilitic preputial ulceration did not so originate.

I prescribed:

B. Liqueur plumbi,  
Aque distill.,

$\frac{3}{4}$  iss.  
 $\frac{3}{4}$  vj.

M. And apply on lint to vesicles four or five times a day; and,



Take one powder of the following three times a day:

- R. Pulv. cubeba,  
Sulph. alumina and potassa, aa ʒi.  
M. Ft. chart No. xii.

On the fourth day he reported vesicles disappearing, urethral discharge less. I gave him twenty-four powders, and ordered him to report in eight days.

2d report: Discharge from urethra was better; herpetic vesicles had appeared on the skin of the prepuce.

I ordered him:

- R. Acidum hydrocyanicum, ʒij.  
Spiritus rectificati, ʒij.  
Aqua distillatæ, ʒiv.

M. And apply on lint to vesicles.

Liquor arsenici hydrargyri iodidi m̄v—m̄xxx three times per day for ten days, then report at my office.

3d report: Vesicles had left the skin of the prepuce, and were now affecting the urethra, causing a feeling of fulness in and about the prostate, so that in urinating the sphincters in contracting felt obstructed as if closing upon a ball.

I ordered him to omit the Donovan's mixture and take:

- R. Ferri arsenitis, gr. iv.  
Ext. gentianæ, ʒij.  
Pulveris glycyrrhizæ, ʒiv.

M. Ft. pills x. One pill after meals, night and morning.

Tinct. ferri chloridi m̄xx at 10 a. m. and 2 p. m. each day.

- R. Liquor sodæ chlorinatæ, ʒiij.  
Aqua fontana, ʒx.

M. And use as an injection three or four times a day.

4th report: Urethra and prostate better. Vesicles cluster on the under surface of the prepuce and around the corona glandis. With a mixed feeling of disappointment and desperation, I prescribed permanganate of potassium in doses of gr. ij in water three times a day.

- R. Sodæ murias, aa ʒj.  
Soda bicarbonas, aa ʒiij.  
Aqua distill., ʒv.

M. Inject in urethra three times a day.

To my great astonishment, now that six months have passed, he has experienced no further trouble *causa sine qua non* from this intractable form of disease.

#### Neuropathic Affections of the Joints.

At the fifteenth Congress of the German Society of Surgery, Professor Czerny, of Heidelberg, pointed out the frequent occurrence

of spontaneous fracture in tabetic patients, and considered the question whether, since abnormal fragility of bone decidedly occurs with several other diseases of the nervous system besides tabes, arthropathies analogous to the tabetic are not also to be met with in those neuroses. Six cases were reported of joint-disease, in connection with diverse affections of the central nervous system. There can be no doubt, according to Czerny, that neuropathic subjects are, like—and probably to a higher degree than—other men, predisposed to all possible forms of arthritis. To any objection that the reported cases refer simply to ordinary instances of different forms of arthritis in neuropathic subjects, Czerny would reply that the course of the arthritis in every case is so considerably modified and influenced by the disorder of innervation, that it is very necessary, from a practical point of view, to separate these from ordinary forms of arthritis. Great stress is laid, in this communication, on increased vulnerability of the tissues in neuropathic subjects. This certainly is not so striking with chronic lesions as after crushing injury of the spinal cord, but still decubitus and acute inflammation of the urinary system play a considerable part in the final stage of tabes. As an instance of an affection not dangerous under other conditions proving fatal when associated with tabes, Czerny quotes the case of a tabetic subject who had contracted gonorrhœa, and died after an interval of four weeks from pyelonephritis, cystitis, and purulent pericarditis. Notwithstanding this vulnerability of the tissues, fractures unite and operation-wounds heal very favorably in tabetic subjects. The chief diagnostic signs of neuropathic joint-affections are, it is held, the rapidly destructive course in acute cases, and, in chronic cases, the analgesia, excessive exudation, and extensive destruction of the elements of the joint. In cases of sprain or fracture, especially when the latter injury is due to slight violence—should there be analgesia, it is necessary, Czerny states, to make a careful investigation into the condition of the nervous system. The direct causes of the joint-affection in Czerny's six cases were injury in two, inflammation without any injury in one, and certain trophic conditions of the hand (muscular atrophy, analgesia, contraction of fingers) in the remaining three. These trophic conditions seemed to have been the result of frost-bite. In two cases, well-marked disease of the spinal cord was made out after death; one patient was tabetic. In the remaining patients, who were living at the date

of this paper, disease of the cord was indicated by muscular atrophy with contracture of the fore-arm, and analgesia. With regard to treatment, Czerny advocates rest and confinement of the affected limb in splints, with a view of obtaining ankylosis. In cases in which there is advanced destruction, or when suppuration has been established, and threatens mischief, it will be necessary to decide between arthrotomy, resection, and amputation.

**On a Case of Abdominal Pregnancy; Termination by Ulceration into Rectum; Recovery.**

Dr. Ralph Browne thus writes in the *Lancet*:

E. J., aged forty. Has had ten children, the youngest being five years old. Has not had any miscarriages, and gives no history of previous disorders in the organs of gestation. She had last menstruated in November, 1884 (seventeen months previously). She believes herself to have been in her usual good health, and does not remember to have had any fright about that time. In the course of a month or so she began to suffer from metrorrhagia, which continued, and led her to seek advice.

On examination, a tumor was found upon the left side of the abdomen. From its position and feeling, it was diagnosed as ovarian, and it was also suggested to the patient that she was pregnant. The metrorrhagia continued more or less, until in September, 1885, or at what would be about the full period of pregnancy, a pseudo-labor took place, and an effort at lactation appeared in the breasts. About this time the patient began to notice that the tumor seemed smaller, but complained of loss of appetite, general ill-health, and pain and irregularity in the action of the bowels. This state of things continued until April last, or seven months after the pseudo-labor, when she was taken with violent forcing pains in the body and lower bowel, and offensive diarrhoea, in the course of which some fetal bones were passed. Examination of the rectum disclosed the presence of the remainder of the fetus. A hand was introduced into the bowel, the foetal head crushed as far as possible with the fingers, and its fragments and other bones removed. The diarrhoea, and the occasional passage of a remaining bone, continued for a few days, gradually became less offensive, and then ceased. Within a fortnight the patient was able to leave her bed, and has since made an uninterrupted recovery.

From the frontal bones removed entire,

each measuring an inch and a half by an inch and three-quarters, and from the other cranial bones fitted together, the bi-parietal diameter was computed to be three inches. All the bones had the normal amount of ossification of a full-time fetus.

Points of interest in this case are: 1. The difficulty of diagnosis, though, looking back now, nothing can be clearer than the sequence of events. 2. The maturity and perfect formation at which the fetus arrived. 3. The means taken by nature to remedy her error, and which resulted in perfect recovery.

**Rupture of the Gravid Uterus.**

Helène S., aged 48, pregnant for the seventeenth time, was admitted into the Kochanow Hospital on December 27, 1884. She was cachectic and suffered from daily pyrexial attacks. The last menstrual period was September, 1883, and she first felt foetal movements in January, 1884. In May she ran a considerable distance with bare feet, and this exploit was followed by shiverings and fever, abdominal pain, and slight metrorrhagia; the foetal movements ceased two months before the calculated termination of pregnancy. A week later a redness was noticed in the neighborhood of the umbilicus, which subsequently broke and gave exit to a bone. The opening gradually increased in size, exposing other bones and the softened tissues of the decomposed fetus. A fortnight later fecal matter escaped by the opening, which continued to increase in size. In the month of September two small bones escaped *per anum*. The umbilico-uterine wound was now enlarged by several radiating incisions, and the foetal remains were extracted. The uterus was firmly adherent to the abdominal walls in such a way that nothing could escape into the peritoneal cavity. The os uteri allowed the passage of a finger, and a probe introduced through the cervix came out at the umbilical opening. In the cavity of the uterus there were two openings from which fecal matter escaped, the contents of the intestines thus having exit through the anus *via* the uterus and vagina, and through the abdominal opening. After removing the fetus, careful irrigation was carried out for some weeks, the uterus being plugged to prevent escape of feces in that direction; but although the general health of the patient improved from day to day, the fistula continued patent. The patient ultimately decided to return home. She was seen not long since; the abdominal wound, much lessened in size, only gave exit

to a liquid devoid of fecal odor; the bowels were regular, and two months ago she noticed what she took to be her period, lasting one day.

#### The Local Treatment of Pseudo-membranous Croup; Intubation of the Larynx.

Dr. J. Lewis Smith, in an article in the October number of the *American Journal of the Medical Sciences*, expresses his belief that intubation is destined to be employed more generally than tracheotomy in the treatment of pseudo-membranous croup. He maintains that in all cases in which the obstruction is limited to the larynx and trachea, intubation relieves the dyspnoea as quickly, effectually, and permanently as does tracheotomy. It gives, in most instances, complete relief for a time. If the respiration subsequently become embarrassed, and no benefit occur from cleaning the tube, tracheotomy may be required. Intubation may properly precede tracheotomy in most cases.

Not a few parents, in the middle and lower classes, allow their children to die rather than consent to this operation. On the other hand, few parents will object to intubation, and when they see the relief which it produces they will probably consent more readily to tracheotomy if the dyspnoea should return. If only one of these operations be performed, statistics thus far show nearly as good a result from intubation as from tracheotomy.

Now, that diphtheria has become so common, the physician should be provided with instruments for intubation whenever diphtheria appears in his locality. Alkaline and trypsin inhalations, properly and almost constantly used, and intubation performed early, when the patient begins to suffer from dyspnoea, would probably prevent the necessity of tracheotomy in a large proportion of instances. But if such treatment do not fully relieve the dyspnoea, it will, in most instances, so diminish it and retard the progress of croup, that the physician, remote from help and unfavorably situated for the performance of tracheotomy, will have ample time to prepare for this operation. Intubation may prevent the need of tracheotomy, but if not, it presents no hindrance to it.

#### Urinary Difficulties Occurring in Boys.

In the *Lancet*, August, 1886, p. 339, Mr. Wm. Thomas publishes an article upon the urinary troubles of children. Amongst the cases recorded one is especially interesting. A boy, aged, 11, was admitted into the in-

firmary, having about twenty-four hours previously fallen with his perinæum across a rail. A catheter could not be passed. When seen by the author the scrotum was much swollen and greatly ecchymosed, together with the perinæum. Under chloroform free incisions were made into the scrotum on each side, but no urine was obtained. A catheter was introduced into the urethra, but did not enter the bladder; a cut was then made on to the end of the catheter, and it was found to be in a large cavity which was filled by coagulated blood and some urine. The bladder was next aspirated above the pubes, twenty-three ounces of slightly turbid urine being withdrawn. The boy was then put to bed to watch events. Next day chloroform was again administered, and while in the lithotomy position an incision was made in the middle line down to the bulb of the urethra, which was found to be torn across just behind the bulb, the posterior part being quite retracted and separated for about two inches. A catheter was easily passed, drawing off some urine. A lithotomy staff was next passed along the whole extent of the urethra into the bladder, and the separated parts brought together and stitched with three silver-wire sutures, passed completely through the walls of the urethra, and each tied outside in a reef knot. With the staff still in the bladder, the membranous part of the urethra was opened by an incision to allow the urine to escape, and to keep the stitched part at rest. A drainage-tube was then passed through this incision into the bladder. A fortnight later the perineal wound was closed, and all urine came through the urethra. The boy did very well, and no sign of stricture remained.

#### Tonsillitis in Adolescents.

Dr. C. Haig-Brown has published his M. D. thesis upon a very common affection, of which, in his capacity as medical officer at Charterhouse School, London, he has necessarily had considerable experience. The monograph contains much matter of interest—such as, for example, the fact that 105 out of 127 consecutive cases occurred in lads between the ages of fourteen and seventeen; the undoubted association of some cases with the rheumatic diathesis, or more immediately as a precursor of an attack of acute rheumatism; the humidity of the atmosphere as favoring tonsillitis, and the equally notorious influence of defective drainage. Dr. Haig-Brown is convinced of the contagiousness of tonsillitis, and sketches two epidemics that

occurred in his practice, from the study of which he concludes that the contagium is most virulent at the commencement of the disease, at a stage when it is often overlooked. Amongst complications he discusses very fully the development of cardiac murmurs, which were met with in 9.4 per cent. of cases where there was no previous history of rheumatism. In eight cases out of 345 the evidence was conclusive in favor of endocarditis, for they terminated in chronic valvular disease, and in three there was distinct evidence of pericarditis. It would have been valuable to have had statistics upon the occurrence of albuminuria, but this is a point which is not specially touched upon. As to treatment, the opinion is expressed that, like acute pneumonia and many specific fevers, tonsillitis runs its course uninfluenced by drugs, and this applies not only to guaiacum, aconite, and chlorate of potash, but also to salicine and the salicylates, with the reservation that the latter may possibly in some cases avert an attack of rheumatic fever.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Among recent reprints of interest, we may mention one on "Contagious Eye Disease" by Dr. Joseph H. Andrews, of New York city; on "Methods in Medical Study," by Dr. Charles H. May, of New York; on "Two Rare Cases of Abdominal Injury," by Dr. J. A. Stucky, of Lexington, Ky.; on "The Removal of Foreign Bodies from the Larynx," by Dr. Max Thorner, of Cincinnati; on "Recent Experiments in Clinical Surgery," by Dr. Donald MacLean, of Detroit; and on "Extra-uterine Pregnancy," by Dr. M. O'Hara, of Philadelphia.

—On the subject of the illumination of the cavities of the body by the electric light, we have before us a paper by Dr. J. A. Andrews, of New York city, discussing the effect of strong light on the eye; and one by Dr. J. M. Roberts, also of New York, presenting a novel plan for the illumination of bones by electric lamps of half-candle power.

### BOOK NOTICES.

**A Manual of Animal Vaccination, Preceded by Considerations on Vaccination in Gen-**

eral. By Dr. E. Warlomont. Translated and edited by Arthur J. Harries, M. D., etc. Small 8vo. Pp. 152. Philadelphia, J. Wyeth & Brother, 1886.

Dr. Warlomont, director of the Belgian State Vaccinal Institute, has long been known as one of the most eminent authorities on bovine vaccinal preparations. In this small volume he has condensed the results of his extended observation and studies, and presents them with force and lucidity. Any one who continues to doubt the superiority of the lymph derived from the heifer to that which has passed through a number of human systems, would, we think, be convinced of his error by perusing these pages. The author speaks both of the theory of vaccination and of those methods and precautions which are advisable in order to secure for it the greatest efficacy.

The work is published by Messrs. John Wyeth & Brother, the well-known firm of manufacturing pharmacists, who themselves conduct one of the most perfectly-organized vaccine propagating establishments in this country. The volume can be had on application to them, and we recommend our readers to drop them a line and secure a copy.

**How We Treat Wounds To-day.** By Robt. T. Morris, M. D., etc. Second edition. 12 mo. Pp. 165. New York, G. P. Putnam's Sons, 1886.

The author tells us that the first edition of this little manual met with an "enthusiastic reception." This we attribute as much to its manner as to its matter. Dr. Morris has a style all his own in medical literature, and impresses what he says by the oddity of the form in which he puts it. Besides this, the work is really sound science and honest teaching, and to all who practice surgery, it tells much which is worth knowing, and tells it in the least possible compass.

**Transactions of the Louisiana State Medical Society.** Eighth annual meeting. New Orleans, 1886.

This volume of more than 300 pages contains the usual minutes, addresses, and reports, and in addition, a number of original articles of marked merit. Perhaps the most interesting of these are upon the various forms of malarial fever, a topic which occupies several writers. The Society is evidently in a prosperous condition.

"The way to sleep," says a scientist, "is to think of nothing." But Dr. Hammond thinks this a mistake, and adds, "the way to sleep is to think it is time to get up."



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### BIGOTRY IN THE PROFESSION.

In the dark ages, a certain amount of bigotry, of blind, passionate and unreasoning condemnation of that which was distasteful, was naturally to be looked for. The very ignorance of the times bred a narrowness of conception and of judgment, the natural outcome of which would be bigotry. The bigot was abroad in the land; he was found in the halls of worship as well as in the courts of justice, and indeed in every walk of life. But just as bigotry is an accompaniment of ignorance, so, as education and enlightenment began to beam their blessings upon mankind, so by this genial warmth was the man of bigotry thawed out into a reasoning, sensible man; for it will be clearly evident to any one who stops to think about it, that a man *who stops to think* cannot be a bigot; it is the wild, unreasoning, passionate denunciation, or assertion, or condemnation, that is the result or outgrowth of instinct unguided by reason or intelligence, that constitutes bigotry. A man who honestly reflects, and as a result of his calm and honest deliberation reaches a conclusion, cannot possibly be called a bigot. These remarks are called forth by a letter recently received at this office from a physician of good standing, presumably, in this city. He writes concerning the fact that there are two homœopathic physicians on the State Board of Health of Pennsylvania, and after some preliminary remarks, the writer says:

" \* \* \* As you no doubt already infer, I have reference to the homœopathic element both in this Board and in its official organ. We all know that professing to study medicine, or to treat disease by any special system or school, call it homœopathy or by any other name, is simply imposture. The men who are placed in this Board by reason of their proclaiming themselves homœopathists are only the more conspicuously impostors. Special schools in medicine are the device of impostors. *Inexcusable*, therefore, I consider the member of our profession who serves on this Board, or in any other public capacity, with a homœopathic impostor as his colleague. The same objection applies to the publication of the proceedings of the Board. Some of the papers to be published in the "Annals," I perceive, are to come from these very impostors, and I contend that individually and collectively the medical profession is stultified by publishing, or subscribing for the publication, of papers furnished by these whom we know to be frauds. Ignorance in relation to sanitary matters and the doctrines of hygiene is to be deplored, but pray let

our knowledge on the subject be derived from a source not so conspicuously at variance with moral rectitude. Let us not neglect the application of sanitary principles to the moral atmosphere of our would-be teachers."

For a while we were loth to publish this letter, for we were ashamed to let it be seen that such bigotry existed among us. Let it be clearly understood that there is no medical journal in the world that more thoroughly condemns the doctrines of Hahnemann than does the MEDICAL AND SURGICAL REPORTER; let us stand fairly and squarely on this question; we do not believe in homœopathy, and we would never consent to submit to its practice upon ourselves, upon those near to us, nor could we conscientiously approve (for reasons given already) of consultations with homœopaths. But, at the same time, we can hardly think that our correspondent will less highly esteem a homœopath than he does a *bigot*. Our complaining friend does not seem to take a broad enough view of affairs to be enabled to recognize the material difference between the science of medicine and the science of hygiene. "Once a Mason always a Mason," is evidently the doctrine of our esteemed friend; "once a homœopath, always and ever and everywhere, on every occasion, and in every relation of life, a homœopath," would be our correspondent's refrain, to which we feel forced to respond, "once a bigot, always, ever, and on all occasions, a bigot."

Now, there are no *schools* in hygiene; when we come to this science, all who pursue it are sanitarians; who ever heard of a *homœopathic sanitarian*, or an *old-school sanitarian*, or an *eclectic sanitarian*? Would our friend sacrifice his religious belief because a homœopath shared in it; would he abandon his usual house of worship (if he has any) lest his spiritual garments be soiled by contact with the hated homœopath who might worship in the same house? Would he refuse to serve, as a charitable and public-spirited citizen, upon a relief committee, because a homœopath has been placed upon the same? If he would, he should be tabooed. We know not our correspondent's religious belief, but, for the sake of argument, let us suppose that he is a Presbyterian: would he consider that he should be ostracized, because he saw fit to serve in an official capacity with an Episcopalian or a Roman Catholic? Yet the complaint that he makes has no more reason in it. This narrow-minded bigotry is totally unworthy of a member of our glorious profession. Let us have done with it. There is

an insuperable barrier between the regular practitioner and the disciples of Hahnemann, so far as the practice of medicine is concerned, because they regard disease and treatment from totally different standpoints, and none more thoroughly appreciate and respect this barrier than the editors of this journal. There are also equally insuperable barriers between the Jew, the Mahomedan, the Confucian and the Christian, so far as matters of religious belief are concerned; but when men come together on a common ground, where there is only unanimity of opinion, when they are called upon to unite for philanthropic work, in the nature of which there are no sects, schisms, or isms, then can, and ought, the Gentile and the Jew, the Buddhist and the Confucian, the follower of Zoroaster and Brahma, the homœopath and the regular, meet on common ground and labor for the common good. Such sentiments as our correspondent utters, we are sure, are entertained by but few men to-day, and it is time that these few should realize that such sentiments do not so much express honest convictions as they do unreasoning bigotry. It is this very *blind* persecution that the homœopaths welcome; for the public are not fools, and when any strong party attempts to unreasonably persecute a weaker party, the public are very apt to regard them as martyrs and to champion their cause.

## NOTES AND COMMENTS.

### Visceral Disorder and Mental Disease.

In the *Brit. Med. Jour.*, Dr. James Adam contributes a case of mental disorder due to the accumulation of feces in the lower bowel. The patient was a lady, aged 50, who had always enjoyed good health until about three weeks before she came under the author's care. There were great melancholy and mental depression, determined obstinacy, constant restlessness, tossing about and tearing her hair, walking abroad in her night-dress. She was so violent that it was impossible to keep her in any one position for a moment, and she had not slept for several nights. When seen by Dr. Adam she was profoundly taciturn, and refused to take nourishment in any form. There was a history of constipation, and consequently she was given aperient medicines and enemata. She was fed three times a day by means of the stomach-pump. At the end of a week she was no better, and no action of the

bowels had taken place. On examining the rectum, a large hard dense mass of scybala was found; this was broken up, and large enemata were given, so that the lower bowel was thoroughly evacuated. Very soon after free evacuation of the bowels, all the worst symptoms began gradually to disappear, and three weeks later the patient was calm, coherent, and industrious, and quite restored to her natural health.

### Hysteria in the Army.

As the result of a series of observations, Dr. Dupouchet has arrived at the conclusion that hysteria is entitled to an important position in the nosology of the army. He considers that many cases of hysteria in the past have been classified either as malingerers or as epileptics. He points out the essential points of difference between epilepsy and hysteria as regards aberrations of the mind as well as of sensation and movement, such, for instance, as the localized anæsthesia or hyperæsthesia, the modifications of the reflexes, and the integrity of muscular irritability as tested by the electric current. The susceptibility of such subjects to hypnotic influences is also alluded to as aiding in the diagnosis. One of the difficulties in the way of a reliable diagnosis is the uncertain advent, and often brief duration, of the "attacks." It is therefore all the more important to arrive at a diagnosis without waiting for a characteristic attack, as the prolonged and often indefinite sojourn in hospitals of doubtful cases is thereby avoided. Catalepsy and somnambulism are now admitted to be presumptive evidence of what might be termed the "hysterical tendency." The complaint, of course, is one of every degree of severity; but it is obviously very difficult to say exactly what degree would incapacitate a soldier for service. One of the most curious facts revealed is the possibility of hysterical paralysis of traumatic origin.

### Phimosis in Infancy.

In the *Lancet*, Dr. Hett contributes a few remarks on the subject of phimosis in infants. The author suggests the following rule for those who take charge of midwifery cases: to examine every male child within a few days of birth, and if the prepuce cannot be retracted by the exertion of a moderate amount of force, to perform circumcision on or about the eighth day after birth. Many an unfortunate little boy is credited with bad temper and punished for naughtiness, whose

irritability is due to neglected phimosis. There is also much reason for thinking that the old habit of masturbation is frequently led up to by a morbidly excitable condition of the sexual organs, due to phimosis. Circumcision may be performed by seizing the extremity of the prepuce between the finger and the thumb of the left hand, drawing it well forwards, and slicing it off diagonally downwards and forwards, just in front of the glans. The mucous membrane should then be split along the dorsum, quite up to the cervix, turned back, and retained in position by a narrow strip of dry lint wrapped firmly three or four times round the penis. No sutures are necessary. The lint can be removed in a few days, when generally the wound is quite healed.

### Standard Pulse-Readings.

In the *Asclepiad*, July 1885, Dr. B. W. Richardson describes his improved sphygmograph, adapted from Dr. Dudgeon's elegant little instrument. The improvements consist in a different method of applying pressure upon the pulse, and a registration of the reading, so that a natural standard may be obtained, and all unnatural conditions may be compared with it. The smooth circular rod of Dudgeon's instrument, which carries the carbonized paper, is replaced by a revolving bar set with a row of sharp edges, which, in revolving on the carbon, cut a series of lines of equal distance from each other along the whole length of the paper. These leave on the paper ten horizontal spaces, each two millimetres apart. At the same time the sharp blades are divided transversely, so as to cut also a series of vertical dotted lines, each two millimetres apart. By this means, the author has found that the standard reading for a healthy pulse has an upright line of precisely the same length as the horizontal distance between each beat of the pulse, and that from the first point of impulse to the last point of movement is a square of four and a half spaces, or nine millimetres.

### Neuralgia of the Pudendal Nerve.

Professor Adamkiewicz, of Cracow, reports (*Medycyna*, April 26, 1886; and the *Vratch*, No. 26, 1886,) an extremely rare case of neuralgia affecting the pudendal nerve alone. A previously healthy woman, about three years before coming under the author's observation, and about two months after her second labor, began to suffer from an intense "tying together" pain in her

urethra during micturition. Subsequently, the pain spread over the bladder and became almost incessant; it grew worse from every movement and emotion, and was now associated with calls to pass urine. There were present two painful and tender points; one was situated at the apex of the angle formed by the sciatic tuberosity and an edge of the great gluteus muscle; another was found at a spot on the inner surface of the ascending ramus of the sciatic bone. The treatment adopted by Professor Adamkiewicz consisted in galvanization (daily sittings of several minutes' duration), the anode being applied between the tuberosity and spine of the sciatic bone, and the cathode to the sacrum or to the pubic symphysis. A complete cure followed after three months' treatment.

#### Sterility from Obesity.

The patient, a Jewess, aged 28, married eight years previously, consulted Dr. Brondel on account of her inability to become pregnant. She was extremely fat, her abdomen being very pendulous; and an enormous aggregation of adipose tissue completely hid the external genitals. On examination, the uterus and its appendages were found to be healthy. The patient was put on a rigid dietary for a period of eighteen months, in which time she lost 20 kilogrammes (44 lbs.) of weight. At the same time the menses, which before had been scanty and far between, became more frequent and abundant. Soon afterwards, she became pregnant. Sickness was troublesome for some time, but yielded to a few doses of cocaine ( $\frac{1}{2}$  grain). Labor came on in due course, but the first stage very tedious, and eventually, as the second stage was the signal for total arrest of uterine contraction, the forceps had to be applied. With a great deal of difficulty a female child was extracted, but it had two club-feet and deformed hands, together with an enormous spina bifida. The heart was still beating, though asphyxia was imminent; but, on account of the deformities, Dr. Brondel did not think it desirable to make any effort with a view to restoring animation. The difficulty in effecting delivery was due to the doubling back of the right arm behind the neck, a fact which was only diagnosed when it was seen.

#### Case of Labor Obstructed by Cyst of the Ovary.

Marie L., aged 27, a dressmaker, was unable to assign the date of her pregnancy, as menstruation had never ceased. She had al-

ready given birth to one child at five and one-half months. On admission, January 7, 8 a. m., a breech presentation was diagnosed by abdominal palpation. The cervix was displaced forwards against the symphysis. Behind it was found a tumor, in the posterior *cul-de-sac*, situated in the median line, but more marked on the right side. It evidently contained liquid, but its size could not be exactly ascertained. Labor did not advance, and a discharge of meconium occurred several times. At mid-day, M. Porak punctured the tumor from the vagina with a trocar two mm. thick. About four hundred grammes of a viscid ropy fluid came away, and the tumor could no longer be perceived. Labor then went on satisfactorily, and at half-past one delivery of a dead child took place. Convalescence took place without any unfavorable symptoms. The liquid drawn off, when analyzed, proved to contain the principal elements of the bile, but no cholesterolin.

#### Ataxic Paraplegia.

In a recent number of the *Archives de Neurologie*, M. Grasset of Montpellier concludes a paper on the subject of combined posterior and lateral sclerosis of the cord. The contribution is mainly one of a clinical character, and aims at throwing light on the symptoms of mixed varieties of myelitis. The author is of the same opinion as Dr. Gowers, that on clinical and pathological grounds the creation of a new name and separate consideration of the disease are desirable. M. Grasset proposes the term "combined tabes"—a name which is far less appropriate than that of ataxic paraplegia. But there seems to be some difference of opinion as to the range of symptoms. The English observer asserts that the lightning pains of true tabes are of rare occurrence in the combined sclerosis, whereas the French author states that, symptomatically, "combined tabes" is characterized by the association of symptoms of ataxic tabes (lightning pains, anæsthesia, motor incoördination) with symptoms of spasmodic tabes, etc.

#### Rupture of the Bladder.

The result of suturing the rent in cases of ruptured bladder has not hitherto been successful, but the opinion held by surgeons, that it is the right treatment to pursue in such cases, receives strong confirmation from a case now under the care of Sir William MacCormac in St. Thomas's Hospital. The patient, a strong, florid, healthy man, aged



thirty-three, injured his abdomen by running up against a post, about fifteen hours before he applied for admission. Interrupted silk sutures were used for the bladder, the rent in which was about three inches long, a catheter was tied in, and the abdomen drained by a glass tube. There was a large amount of urine in the peritoneal cavity, which was washed out with a solution of boracic acid. The operation was performed on the 22d ult. The patient passed urine the following day, when the catheter was removed. The drainage-tube was taken out on the 24th, and there has been no fever or other symptom since the operation.

#### Double Fracture of the Upper Limb by Indirect Violence.

The following is noteworthy as a somewhat curious result of indirect violence applied to the upper extremity:

A child, aged nineteen months, was being led along the street by his mother, who was holding his right hand. The child stumbled, fell with a jerk, and was dragged up again—roughly, probably—by his mother, who, however, never let go of his hand. She then noticed that the boy's arm was quite powerless, and hung loosely by his side. Shortly afterwards the child was brought to the infirmary, where Dr. Alex. Foulerton (*Lancet*), found that two fractures had occurred, one through the upper epiphyseal line of the right radius, the other at the junction of the middle with the acromial third of the right clavicle. One would certainly have expected dislocation rather than fracture as the result of such an accident occurring in so young a child, and he is unable to offer any exact explanation as to the mechanics of the lesion.

#### Rectal Injections of Medicated Gases.

Rectal injections of medicated gases as a method of treatment is based on a physiological principle established by Claude Bernard, that the introduction of toxic substances into the rectum is not dangerous so long as pulmonary elimination is perfectly normal. Dr. Bergeron has adopted this method of treatment in several affections, and publishes the results obtained in pulmonary phthisis. A current of from four to five litres of carbonic acid gas is passed through 250 to 500 grammes of mineral water, containing sulphur (Eaux Bonnes, Allevard, Saint Honoré, Callas), and then introduced into the rectum: in the course of 24 hours two injections are made. After two days had elapsed this treatment had cured

the cough which troubled the patients; expectoration was also modified in quantity and character. The profuse perspiring of phthisical patients was removed, and their general condition improved, even in the confirmed stage.

#### Velamentous Insertion of the Umbilical Cord.

The placenta in question followed a perfectly normal labor at the *Maternité*, and presents the peculiarity that the umbilical cord, instead of being inserted on to the placenta, abuts on the membranes eight centimetres from its edge. It at once divides into two branches, each composed of a vein and two arteries; these vessels subdivide dichotomously, and after a winding passage of about 20 centimetres reach the placental edge over about three-quarters of its circumference. The occurrence is very rare, and has given rise to a good deal of discussion as to its cause. It is sometimes possible to diagnose it during labor by feeling the abnormal pulsation of the umbilical vessels. The risks this arrangement entails are obvious; the vessels may be compressed and so cause the death of the child, or they may be lacerated and cause severe fetal hemorrhage; the remedy for either condition being expedition in effecting delivery.

#### Membranous Compound Diphtheria.

In the *Brit. Med. Jour.*, June, 1886, Dr. W. J. Mackie relates a case of a membrane appearing on the glans penis, which he compares with a similar case related by Dr. Leslie Phillips in the *Journal* of June 5. Dr. Mackie circumcised a child, and next day found a membrane having the appearance of a thick yellowish-white paper extending over the mucous membrane in the region of the frænum. This exudation seemed identical with that of croup, in being easily detached, and involving only the epithelium, and not the subepithelial tissue, as in diphtheria. Dr. Phillips has reported a similar case which he considered diphtheritic, as he had performed tracheotomy with the instruments used in the circumcision. Dr. Mackie, however, draws attention to the marked asthenic symptoms of diphtheria and the sthenic reaction of membranous croup.

#### Antifebrin.

Antifebrin, as the *Pharmaceutical Journal* points out, is a new antipyretic, that belongs to a very different group of chemical substances than those from which antipyretics

have hitherto been drawn. The class of phenols has supplied us with carbolic acid, resorcin, hydroquinone, salicylic acid, and besides these are the bases like kairin, antipyrin, thallin, and quinine. Antifebrin is a neutral body, and identical with phenylacetamide or acetanilide, almost insoluble in cold water, but freely soluble in wine and alcoholic liquors. On dogs and guinea-pigs large doses seem to have no deleterious action. The substance has been administered to twenty-four fever patients (the kind of fever is not mentioned) in doses of not more than two grammes in the twenty-four hours, and with such satisfactory results that a quarter of a gramme is said to be as effective in reducing the abnormal temperature as a whole gramme of antipyrin.

#### **A Successful Case of Nerve-stretching for Facial Spasm.**

In the *Lancet*, Mr. Southam writes to say that a patient whose facial nerve he stretched in 1881 has remained well ever since. The operation was followed by complete paralysis of all the muscles supplied by the nerve. About five weeks afterwards, the affected muscles gradually began to regain their power, and at the end of five months the paralysis had entirely disappeared. In a recent article by Professor Zesas, particulars are given of nineteen cases of this operation. In only two instances did the operation succeed. In four cases there was considerable improvement, in ten only temporary relief was obtained; the remainder were lost sight of. Zesas is of opinion that the operation should be performed whenever the spasm is not due to intracranial lesions.

#### **Exploration of the Bladder by Section through the Perineum.**

In the *Lancet*, August, 1886, Professor Henry Smith draws attention to what is known as the operation of cystotomy. The author, however, objects to this term, as in the operation so named the bladder is not cut into; an incision is made through the perineum into the membranous portion of the urethra, through which the bladder is examined, and any foreign body removed; the bladder can then be drained by means of a tube fixed in the opening, thus giving the bladder complete rest. In cases of long-standing cystitis, or where there is some growth causing irritation of the bladder, this operation is one of the most valuable aids to surgery. In cases of malignant disease of the bladder much relief can be given to the

patient by thus keeping the bladder free from urine.

#### **Grafts of Frogs' Skin.**

In spite of an unfavorable experience of skin-grafting in burns, etc., Professor Morales Perez tried in a case of burn of the hand the lately recommended plan of engrafting frogs' skin. Three quadrangular grafts, two centimetres wide by three long, were first applied, medicated wool and iodoform ointment being the dressing used. After five days these grafts were found to have adhered, with the exception of two small bits. Two fresh grafts were applied in other points, and these adhered well. After some days the epidermis and the blackest green pigment of the graft dried up and was detected in fine scales, leaving a thin white cicatrix. Finally a very satisfactory elastic cicatrix was obtained, the line of the grafts being visible.

#### **Case of Dangerous Hemorrhage from the Hymen after the First Coitus.**

In the *Meditz. Obozr.*, No. 10, 1886, Dr. P. G. Rozanoff, of Zvenigorod, reports the case of a newly-married peasant woman, aged 18, who was brought to the local lying-in hospital in the state of extreme acute anæmia, on the third day of incessant hemorrhage from the hymen, which had been ruptured during the first coitus. The hymen, of a semilunar variety, presented a single but complete laceration on the left side. The bleeding, which was moderate and of a parenchymatous nature, was easily arrested by pressure with a cotton-wool plug, the patient leaving the hospital in a satisfactory state, after a three days' stay.

#### **Hysterical Hemiplegia in a Child of Four Years.**

At a recent meeting of the Paris Biological Society, M. Gayot read the following note: A child, aged 4, perfectly free from any nervous symptoms, was, after undergoing violent agitation, seized with hemiplegia of the right side and aphasia; the motor and sensory faculties were impaired. A few days later on, the hemiplegia disappeared, but reappeared the next morning; the following night, the sensory and motor faculties regained their normal activity; the child's health has since remained excellent. Her mother has an excessively nervous temperament, and she is the daughter of gouty parents; the father is also highly nervous in temperament. Each return of hemiplegia in the child was accompanied by aphasia.

**The Use of Antipyrine during Pregnancy.**

Professor Chiara (*Ann. di Ostet. ; Réport Univers. d. Obstét. et Gynéc.*) draws the following conclusions from the use of antipyrine in the cases of twelve pregnant women, five of whom had gone to full term :

1. In therapeutic doses it has no particular oxytocic action.

2. Pregnancy, whether normal or pathological, does not modify its action.

3. It may be used with perfect safety as an antipyretic during pregnancy.

4. Like other antipyretics, it may tend to prevent abortion, an excessively high temperature being a frequent cause of that accident.

**Prevention of Drowning.**

Referring to the bathing season, Dr. Ziegler, of Switzerland, urges medical men to give as much publicity as possible to the "warning symptom," consisting in the appearance of a deep-red coloration of the skin in the bather. The symptom being a sure foreteller of coming syncope, the bather attacked with it must be at once compelled to get out of the water, even if he or she feel well at the moment. Many a life may be saved by paying a due attention to that sign, which was first pointed out by French military surgeons.

**Remedies for Coryza.**

Roben (*Gaz. Med. de Bordeaux*) recommends the following powder for insufflation :

R.	Powdered menthol,	gr. iij.
	Roasted coffee,	3j., gr. xv.
	White sugar,	3j., gr. xv.
M.	Sig.—Snuff.	

The above mixture has the appearance of snuff, and is easily employed. The following is also recommended :

R.	Hydrochlorate of cocaine,	gr. iss.
	Browned coffee,	
	White sugar,	āā 3 iss..
M.	Sig.—Snuff.	

**Nervous Cough.**

This mixture is highly recommended for nervous cough:

R.	Cocain. hydrochlorat.,	gr. j.
	Potassii chlorat.,	gr. x.
	Aquæ amygdal. amar.,	℥x.
	Aquæ destillat.,	℥ss.
M.	Sig.—To be used as a spray.	

**Lotion for Rhus Poisoning.**

Dr. E. Mommsen, of Bloomington, Ill.,

writes to the *Medical Record* that immediate relief to the patient poisoned by *rhus venenata* followed the local use of

R.	Carbolic acid,	gr. x.
	Boric acid (powdered),	3ij.
	Vaseline,	3j.
M.	Apply two or three times daily.	

**Mammary Neuralgia.**

At a recent meeting of the Paris Surgical Society, M. Routier read notes on a case of intense mammary neuralgia; the patient was 22 years of age. A small tumor of the size of a nut was removed, and the pains completely disappeared. On microscopic examination, the tumor presented the characteristics of polyadenoma.

**CORRESPONDENCE.****The Physiological Action of Opium upon the Intestinal Tract.**

EDS. MED. AND SURG. REPORTER:

In Ziemssen's work, vol. viii., page 280, the writer, Bauer, puts forth the teaching that opiates, instead of *arresting* peristaltic action *increase* that movement. I would like to hear through the medium of the REPORTER, what the scientific teaching at present is upon the physiological action of opium upon the intestinal tract. If Bauer is right, then all previous teachings concerning that particular property of opium have been wrong. I would also like to know what construction the author would want to have put upon the sentence "If opium did arrest peristaltic action, the practical results which, as a matter of fact, follow its administration in the treatment of peritonitis would not be attributable to it." Strike out that portion of the sentence from "results" to "would," and any arrest of peristaltic action is denied opium, *while in the expunged portion it is admitted*. The sentence is surely a contradictory one.

J. K. EWING, M. D.

Delmont, Westmoreland county, Pa., October 6, 1886.

**"Induction of Premature Labor."**

EDS. MED. AND SURG. REPORTER:

With reference to the above subject in your issue of this week, I would say that the method by which Dr. T. Gaillard Thomas induces premature labor is old, and as he says, "a perfectly efficient one." Twenty years ago I first performed this little operation, with the injection of water and

a gum catheter; with this addition—I gave after the operation a fresh infusion of ergot of rye with borax.

H. ISAAC JONES, M. D., L. R. C. P. E., etc.  
Scranton, Pa., October 12, 1886.

### Admitted to the Sight, Why Wouldn't You Smile?

EDS. MED. AND SURG. REPORTER:

The following is a list of the remedies employed by an Æsculapian aspirant to fortune and fame, in combating what he called "slow fever," which was preying upon the vitals of a six-months-old infant, and the only thing that marred the M. D.'s diagnostic skill was the premature death of the little innocent: Calomel, quinine, bismuth, brom. pot., ammonia, fl. ext. nux vomica (3 drops in 12 hours), fl. ext. digitalis, chloroform, spts. turpentine, nitre, squills, carbolic acid (4 drops in 24 hours), assafetida, alcohol, mustard, enema, medicated bath—and the Lord only knows what else.

YOUNG M. D.

Wallaceburg, Ark.

## NEWS AND MISCELLANY.

### A Prescription Book of the Eleventh Century.

Medicine has her archæology like every other learned vocation, and hardly a year passes without adding to her treasure-trove. In one of the precious MSS. contained in the Capitular archives of Ivrea, in Piedmont, Prof. Piero Giacosa has found a book of receipts which remounts to the eleventh century. The professor discourses learnedly on this book, pointing out, amid the scarcity of medical writings at that remote date, the importance of a document which adds to the proofs—authentic, if rare—that the ancient Græco-Latin tradition of medicine was still preserved, and that it may have given origin, without the intervention of Arabian medicine, to the famous school of Salerno. The MS. in which the book is inserted belonged to Warmund, Bishop of Ivrea, famous even in the first years of the stormy eleventh century for his love of science and literature. Before the prescriptions comes a group of receipts for writing with gold, for making gold ink, and for illuminating parchment. Then follows a catalogue of maladies, thirty-two in number, more than half of them relating to the eyes, while the remainder have reference to the head, the ears, the throat,

the kidneys, and so forth. Each malady has its remedy—one or more—the majority belong to the vegetable kingdom, though the the animal world supplies not a few. Among the latter we have fat of eels, raw flesh, the gall of a great variety of animals, such as the eagle, the cock, the hyæna, the hare; then goat's dung, hartshorn, serpents' skins, worms, etc. The vegetable remedies include aloes, camphor, cassia, lettuce, honey, opium, sundry aromatic herbs, rue, linseed, mustard, and so on. Finally come a few chemical and inorganic remedies: orpiment, lime, nitre, sulphur, French soap, etc. According to Prof. Giacosa the medicines are mostly derived from Dioscorides and Pliny. He also finds a correspondence, in the matter of arrangement, between the prescription book of Ivrea and the work of Lucius Apuleius Platonicus on the virtues of herbs—a work of which the compiler of the prescription book availed himself as a guide, and of which the Chapter of Ivrea doubtless possessed a copy now lost. The original part of the prescription book betrays a scientific turn of mind in advance of the age as to the conception of disease and the *modus operandi* of remedies. The author signs himself "Petrus Magrus"—probably a fictitious name, it having been the frequent habit of early mediæval writers on medicine to assume the surname "magrus" (lean), an epithet, according to Prof. Giacosa, which implies a not very lucrative practice. The importance of the professor's discovery, as we have said, lies in its demonstration that in Italy the Græco-Latin tradition in medicine was never lost. In fact, in the Ivrea MS. there is mention of but one remedy due to the Arabs—to wit, camphor. This drug, isolated among the others, proves that while in the eleventh century the Arabian pharmacopœia was not unknown, it had not yet, as a whole, taken root in Italy.

### Fees of Noted English Physicians.

The *Boston Traveler* thus notes from a London letter:

"Do London doctors earn more than than queen's counsel?" As a rule they do not, but the incomes of the three leading physicians and those of the three leading lawyers are about equal—that is to say, at the rate of \$60,000 a year each. The largest sum ever earned in one year by a doctor was \$100,000, made by Sir Astley Cooper. The three men at the head of the medical profession in England at the present day are Sir William Jenner, the court physician, Sir William Gull, and Sir Andrew



Clark. Just lately the last named has obtained considerable notoriety. He was induced to visit a very wealthy lady at Nice, and he received the unprecedented fee of \$25,000. One-fifth of this amount he retained as a remuneration for his services, and the remainder he divided between two charitable institutions connected with his profession.

"Speaking of fees, there is a tale told of a rich colonial gentleman living in Kent, who had the misfortune to take a slight cold. Not satisfied with his local medical attendant, he desired to have Gull down from London in consultation. Gull happened to be away, and Sir William Jenner came instead. He was duly paid his fee of \$375 for the visit. The patient, feeling no better, then sent to Edinburgh to a leading doctor of that city, who traveled the 400 miles in order to see him, and in ordinary course received a guinea for every mile—that was 400 guineas, or \$2,100. Again the patient felt no better, and this time Gull was summoned and attended.

"I suppose," suggested the local practitioner, 'you will pay Gull what you paid Jenner—\$375?'

"Nonsense," indignantly retorted the sick gentleman; 'I am not going to pay Gull less than I gave the Scotchman,' and he drew a check for \$2,100. Before he got rid of his cold he had paid \$7,000 in fees."

#### "The Protean Man."

Some wonder is being excited in the provinces of France by the exhibition of an individual who dubs himself "L'Homme-Protée." The number of shapes and attitudes that the man is able to assume is said to be so great to be so great that the title of "Protean" may well be allowed if the individual manifests only half the powers attributed to him. Now, whatever he can do, it is obvious that his faculties are the same in kind as those possessed by the rest of mankind, though the degree in which the faculties are developed may vary vastly; so that we can not agree with the writer who asserts that the contortionist transforms himself, thanks to his *peculiar* system of muscles. Doubtless his frame is wonderfully mobile, and every part of his nerve and muscle apparatus has been trained to the utmost. It is possible, also, that M. Aiguier is gifted with the power of influencing the action of muscles over which man usually exercises no voluntary control, though with practice many may acquire the capacity if they set themselves about the task in the proper fashion. The

Protean man, it is said, can assume the rigidity of a statue, so that, the body sharply struck, the blows fall as on a block of stone. This probably means that the man has the capacity to develop at will the cataleptic condition. By varying the activity of different muscles of the abdomen he is alleged to be able to give his trunk a great variety of shapes and sizes, from that of the proverbial alderman to that of the lean and haggard student. He is even accredited with the possession of the power to appear as lean as a skeleton; but this must surely require an effort of the imagination, as well as a still greater effort on the part of the muscular and vascular apparatus of the contortionist. What most astonished M. de Quatrefages, who examined him, was the ability to stop the flow of blood, now on the right side of the body; this was ascribed to the influence of unilateral muscular contraction.

#### A Memoir of Austin Flint, M. D., LL. D.

A memoir was read by Dr. W. M. Carpenter before a recent meeting of the Medical Society of the County of New York. The following quotations from the memoir (*N. Y. Med. Jour.*) refer to Dr. Flint's private character: "On one occasion he said, to the author, 'It is a positive enjoyment for me to write, and when the work of the day is done I sit in my office and frequently write until 11, 12, 1, and perhaps 2 o'clock, before I feel tired enough to go to bed.' The result of this labor, yet his pleasure, was the numerous articles for medical journals, papers to be read before medical societies, addresses before learned and scientific bodies, and several volumes on subjects belonging directly to our science and art, all of which reflected credit upon their author. He wrote with facility, his style was finished, and his diction was classical. \* \* He won the respect, the confidence, and the admiration of his pupils. His lectures were characterized by graceful delivery, simple but expressive language, and systematic presentation of his subject. \* \* He rarely lectured or spoke on medical subjects without preparation. \* \* Gentlemanly deportment was his constant attendant. Dr. Flint was a man of simple habits, polished manners, independent opinions, and freedom from fear in their advocacy, and indefatigable industry, of whom it can be said truthfully that 'he possessed a capacity equal to any occasion which might arise.' \* \* He was affable and indulgent, and was always ready to throw around the beginning practitioner

the strong arm of his protective power and sympathy."

### Newspaper Therapeutics.

The custom of giving medical advice in the newspapers has of late years become a somewhat common one. Whatever motive of expediency may be urged in its favor by those whose practice it is, more than enough for its condemnation may, we are sure, be said on the other side. There are many points in diagnosis which can only be made out by personal examination; nay, statements in this connection are commonly of little value. Even facts of life history cannot always be correctly learned from a written description. There is, therefore, inseparably connected with this singular mode of practice the danger of misinterpretation, the unfortunate results of which may at any time react upon the patient. We may be told that if care be taken to select simple cases, no serious evil can arise. The argument even so put, however, is a weak one. It amounts to this, that where the ailment is slight, it does not matter much if a little mischief is done. By it a wrong principle is not excused by the impotence of its practice. The trifling ailment, moreover, may be aggravated by delay or mismanagement, while even a cautious beginning in such haphazard treatment will often become the cue for heedless enterprises of a like kind. It will also be seen that while the tendency of such procedure is to debase the quality of medical advice, its effect must be to augment the already inordinate value which is assigned by many to drugs and other means of cure in themselves.

### Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE  
UNITED STATES MARINE HOSPITAL SERVICE,  
FOR TWO WEEKS ENDED OCTOBER  
9, 1886.

Peckham, C. T., passed assistant surgeon. Granted leave of absence for thirty days, to take effect when relieved, October 5, 1886.

Kalloch, P. C., passed assistant surgeon. Granted leave of absence for twenty-one days, to take effect when relieved, October 5, 1886.

Pettus, W. J., assistant surgeon. To proceed to Evansville, Indiana, for temporary duty, October 8, 1886.

Kinyoun, J. J., assistant surgeon. Appointed an assistant surgeon, October 4, 1886. Assigned to temporary duty at New York, N. Y., October 5, 1886.

Urquhart, F. M., passed assistant surgeon. Relieved from duty at Cape Charles Quarantine, to proceed to Washington, D. C., with steamer "Woodworth," October 20, 1886.

Wasdin, Eugene, passed assistant surgeon. Promoted and appointed passed assistant surgeon, from October 1, 1886, October 20, 1886.

Williams, L. L., assistant surgeon. Granted leave of absence for three days, October 16, 1886.

### The Progress of Homœopathy.

The *Med. Record* says that the homœopaths have been holding an International Congress at Basle, Switzerland. It was the Third Quinquennial Congress, and was attended by only forty delegates, of whom seven were from America. The sessions seem to have been largely occupied with persuading the members that homœopathy is growing. It would take a brave heart, however, to find encouragement in the various reports presented. Thus, by their own figures, we learn that in France there are but 200 homœopaths, in Belgium about 60, in Switzerland 23, in Spain 137, while in Germany and England the reporters do not venture to estimate the number. Judging from the statistics given, it would be a large estimate to suppose that in all Europe there were 1,000 homœopaths.

The real hope of homœopathy appears, therefore, to be in this country. Here, it is stated, there are over ten thousand homœopathic practitioners, with fourteen medical colleges, fifty-one hospitals, forty-eight dispensaries, one hundred and forty-three societies, twenty-two journals, and thirty-three pharmacies. There is no doubt that the United States is infested, beyond any other country, with the silliness of attenuations and potentializations. It appears to be one of the social disorders to which new countries are subjected, but it is one which, despite the apparent showing of statistics, the United States is surely outgrowing.

### A Doctor's Tale of the American Civil War.

Dr. Robert St. George Dryanforth, of Washington, relates a curious experience of his own during the war of the rebellion, and later, while acting as a correspondent in the Franco-German war. While serving in the first great struggle, the doctor was shot through the lungs and was invalided. He subsequently went to Europe for his health, and remained there for some years. When the German war broke out he became cor-

respondent for the *New York Tribune*, and in one of the battles he was shot through the base of the skull. He caught a heavy cold while lying wounded on the battle-field, and his wound in the lungs troubled him so much that his life was despaired of, and he was a victim of rapid consumption. One day during a violent fit of coughing the doctor brought up a piece of his overcoat, which had been shot into his lungs ten years before. The ejection of this cause of irritation so relieved him that he at once became better, and finally completely recovered. He returned to Washington, and has since held the office of Judge of the Court of Appeals. He was also a member of the Board of Examiners, and Assistant Commissioner of Patents.

#### Doctoring an African King.

The following extract is from the correspondence of the *Scottish Geographical Magazine*:

"It is no joke to be doctor to the King of Uganda, for whenever I took him a new supply of medicine I had always to take a dose myself, and to administer one to seven of the persons who might happen to be present. Should one of the seven unfortunates die within a week, it would be considered that I had attempt to poison the king. If the king had to take a pill, I had always to hold two in my hand; he chose one, and I had to swallow the other, unless I had a friend with me who kindly undertook the office. I soon noticed, however, that Mtesa also chose the smaller, so I arranged accordingly. One day Mtesa played me a nice trick. I had been to the palace to take him a lotion, and had warned him particularly not to drink it. After I had left he sent a page after me with a gourd of mwengi, asking me to taste it, and say if he might have some. I did so, and said, 'Yes.' It being a very hot afternoon, my friend drank the remainder; but it soon became evident that the king had doctored the wine, for my friend became violently sick. It turned out afterward that Mtesa wished to see what effect the lotion would have upon me."

#### Discovery of Primitive Skulls.

It is announced that MM. Marcel de Puydt and Maximilian Lohest, of Liege, have found in the sandstone in a cave at Spy, a few miles from Namur, known as the *Biche aux Roches*, two human skulls of extraordinary thickness, resembling the celebrated

skull found in the Neanderthal, near Elberfeld. They suggest that these are types of the skulls of the primitive race who dwelt on the Sambre. Other things were discovered in the cave, among them some thousands of flints very carefully dressed on one side; also some specimens of jasper and agate, minerals not found anywhere in the neighborhood, ivory breast-pins, several red ear-pendants, and some necklets of pearls of curious designs. All were found in the sandstone, three layers of which were plainly discernible. The remains of flints, etc., deposited in each layer, indicated different stages of skill in workmanship. The lowest stratum was by far the poorest in the number of the objects found and in the quality of their workmanship. But it was here that the skulls were found.

#### Antiseptic Treatment in the Bulgarian War.

M. Maydl states that of 3,000 men wounded in this war, who were brought to Belgrade, only 51 died; of these, 22 deaths were the result of tetanus; the surgical mortality was only 0.9 per cent., thanks to the use of antiseptic dressings. This result is the more remarkable as the sanitary condition of the soldiers was very defective. Cases of erysipelas were also very rare, and in spite of the want of care on the field, M. Blum reports that of 136 cases, of which 116 were lance or sword wounds, 12 complicated fractures, and 10 articular wounds, all treated antiseptically, there were no deaths or purulent diseases. The dressings were done with carbolic gauze, at .5 per cent., and the instruments washed with disinfectant fluid at 25 per 1,000. After the first day the wounds were aseptic. This war has, therefore, done much to let us know the value of antiseptic treatment in military surgery.

#### A Novel Obstetrical Expedient.

Dr. Shustoff writes in *Russkaya Meditsina* of April, 1886, that he was called to see a woman who had been in labor five days. The pains had begun well, but had since ceased. Upon examination he saw something black protruding from the anus, and a little pulling brought to light a sausage over seventeen inches long and fourteen inches in circumference. The pains now began again, and the woman was soon delivered of a dead child. Dr. Shustoff found on inquiry that the sausage had been introduced on the recommendation of an old woman of the

neighborhood, in order to insure the birth of the child by the normal passage. This was probably the old wife's best attempt at supporting the perineum.

#### He Snatched Her from the Grave.

An old member of the medical profession in Chicago tells the *News* of that city a story, which, he says, Dr. J. Adams Allen told him many years ago. Dr. Allen, as the story goes, was just beginning his practice, when, one winter day, seated in a car, muffled to the ears, he heard the following conversation between two passengers who were sitting where they could not see his face: "Say, George," said one, "what kind of a doctor is this young Allen?" "All I know about him is that he snatched my aunt from the grave last summer; that is, I shall always think he did." "Did he, indeed," said the other, "well, he must be a pretty good doctor, then. What was the matter with your aunt?" "Oh, she was dead and buried, you know."

#### The Traffic in Rags in Holland and Switzerland.

The Netherlands Government have issued a ministerial notification prohibiting, from August 27, 1886, the importation and the transit of rags, worn clothing, and unwashed underclothing and bedding, coming from Italy and Austria-Hungary. Worn clothing brought by travellers as part of their baggage does not come within the prohibition. The Swiss Federal Council have also prohibited, by an order of August 20, and until the issue of a further order, the importation and transit of rags, old clothes, unwashed linen, etc., coming from Italy, except such as may be included in travellers' baggage.

#### In the Pharmacy.

Mr. Oppenheimer.—"Rachel, haf ve got mooch of dot gholera migscher auf der sheluf?"

Mrs. O.—"Yaw, Isaac, dere is two grosses of bottles of der migscher."

Mr. O.—"Vell, send Schakey out for a parrel of green apples, und ve vill gif dem away to der small boys der neighborhoot in. Hast du gesehen? Ve must dot peeziness poom alretty."

#### Personal.

—Dr. D. Hayes Agnew has purchased the residence of Dr. R. J. Levis, on the

northwest corner of Sixteenth and Walnut streets, Philadelphia, and has removed his office to this place. Dr. Levis has gone to Europe for a prolonged stay.

#### Items.

—A scientific society at Haarlem (Holland) offers a gold medal and 400 florins (about \$165) for the best treatise, which may be written in English, on the researches of M. Pasteur, to be sent in before April, 1887.

—Miss Hastings, of England, aged one hundred and five, is the banner girl for recuperative power. At the age of 104 she had a double pneumonia, from which she made a good recovery, according to Professor Humphrey, of Cambridge.

—A successful experiment in distilling ottar of roses grown in Germany is reported. A firm at Steinfurth obtained from 25 kilos of the petals of *Rosa centifolia* 16 grams of ottar. Similar quantities of petals from other roses yielded only 6 grams. The ottar is said to have been superior to the Turkish in aroma.

—To prevent the surreptitious opening of of letters or papers, it is recommended in the *Bulletin Commercial* to stick together the glued parts with ammoniacal oxide of copper, which reagent superficially dissolves the cellulose. In another way, the same result may be obtained by using silicate of potassium, which, once dried, cannot again be dissolved in water.

—On the 7th of November Harvard University will have completed its 250th year. It is proposed to celebrate the event in a suitable manner from the 6th to the 8th of that month. Harvard University was established by an act of the Colonial Legislature, and was named in honor of John Harvard, who liberally endowed it. With one exception, Harvard is the oldest university in the New World. Nearly one hundred years before, in 1551, the Emperor Charles V. established the University of St. Mark's, at Lima.

#### QUERIES AND REPLIES.

##### WICKESHEIMER'S FLUID.

##### EDS. MED. AND SURG. REPORTER.—

In glancing over an old file of REPORTERS, I notice in Vol. xliiv., January 8, 1881, a formula for Wickesheimer's Fluid. I would like to ask if this is a formula for embalming dead bodies, how originated, and if superior to other embalming fluid. Please answer through columns of REPORTER, and oblige  
W. N. SHERMAN, M. D.  
Winslow, Arizona.

Reply.—We have no further information than that contained in the article referred to. We would be pleased if any of our readers can enlighten our correspondent.

EDS. MED. AND SURG. REPORTER.